

Chemist & Druggist

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OCTOBER 9 1976 THE NEWSWEEKLY FOR PHARMACY

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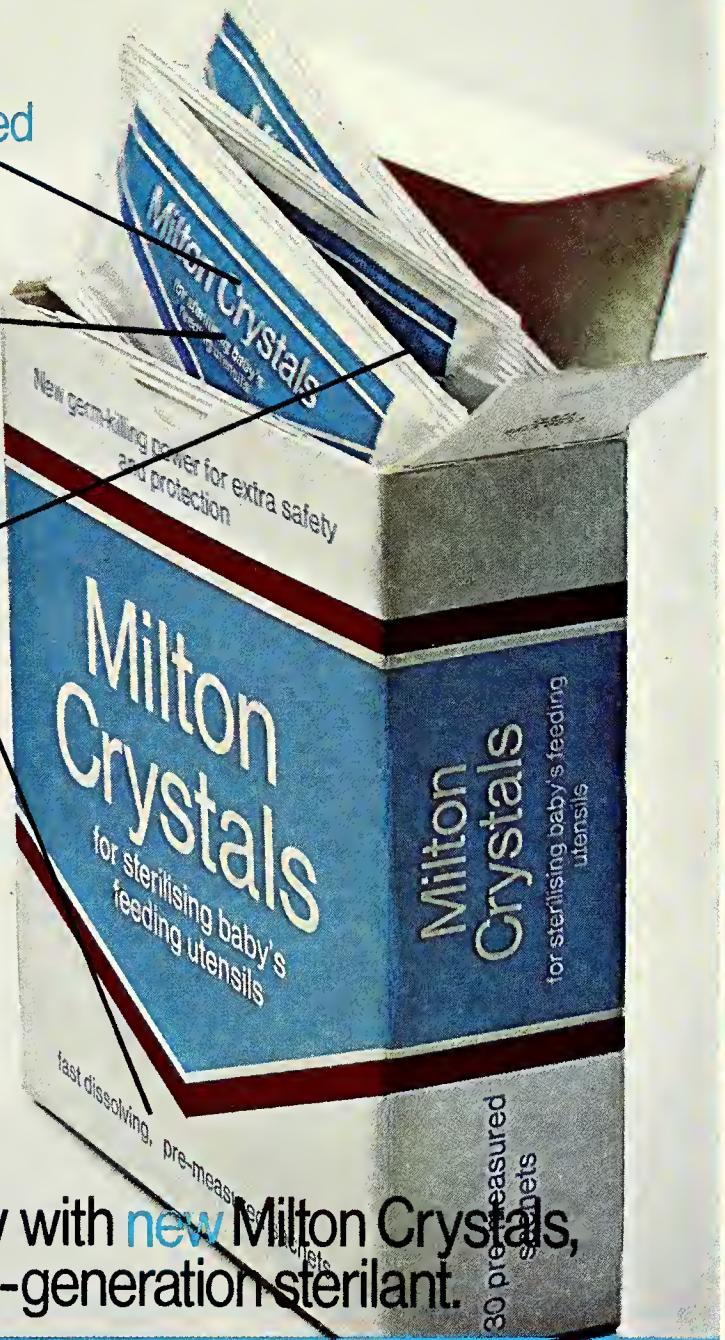
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Convenience and ease of use.

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SPECIAL SECTION

Gift token scheme for chemists

Continuing education at a crossroads?

Small drug stores lose ground in USA

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Chemist & Druggist

The newsweekly for pharmacy

October 1976 Vol. 206 No. 5036

18th year of publication

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Comment

Unity of purpose

Unity in pharmacy will be the product of realism and professional confidence, Mr W. A. Beanland claimed at Mersey Region of the Pharmaceutical Society last week (p456).

But Mr Beanland's "realism" means acceptance that the pharmacist's place is in the health centre, and his "confidence" would be in an ability to perform a role defined as "to correctly interpret the intention of the doctor and supply to the patient the correct medication, properly presented with full instructions as to its use, together with any warnings or advice that is necessary". Can this place and this role alone seriously be considered the objective of present-day training in pharmacy? "Forget all the guff about advising the doctor about the choice of drugs or assisting him to form an opinion on the value of new drugs," says Mr Beanland, "that is a pipe-dream of the future which may—or may not, materialise".

If the path to unity is through adopting such a narrow view of the profession's role, we would suggest the public interest is better served by disunity! Pharmacy is a profession of extremes. There are those who already do advise the doctor on choice of drugs, be they medical representatives, hospital pharmacists or in retail practice—in the latter case it is the quality of the man and his advise that dictates whether an opinion is sought, and the "counter" need present no barrier to communication. There are those who have commercial activity as a prime interest, but who through it are enabled to put their own pharmaceutical expertise at the disposal of the public—where the public is most often to be found!

There are also those who occupy honourably the middle ground, serving a community in a traditional way. Reference to C&D's babycare section this week must suggest several areas in which a pharmacist's training can be of great value to the public in ways which appear to go beyond Mr Beanland's role definition. Who is to say that some of these diverse parts played by the profession are improper—or even out of date?

Unity in a profession, surely, should be of purpose rather than of practice. For pharmacy, that might be defined as seeking to ensure that the medical and associated professions, and the public, use medicines effectively, safely and wisely—with an extension to safeguard the public's general health and welfare when the pharmacist is in a position to fulfil that function.

Certainly the profession should, and does, set bounds to the extremes of practice. But these must be designed to ensure that the public is not led to question the profession's obligation to put purpose and duty above self-interest.

In the end the public is the arbiter of what constitutes acceptable practice. If the "emporium" employee—or the corner proprietor—loses the public's confidence, he will soon find himself out of a job. Those pharmacists who do fulfil their "purpose" should be able to find unity—particularly if they refrain from disparaging those with differing ideas on practice.

Chemists' gift token scheme launched

A gift token scheme for independent chemists and smaller multiples is announced by Sangers Services Ltd in a special supplement to *C&D* this week.

Available to all such outlets—not just to Sangers' customers—it is aimed at giving chemists a share of a gift token market, which had a retail value estimated at £55m in 1975.

Independent research commissioned by Sangers Services has shown that considerable demand for a such scheme exists among chemists. Some 1,000 were approached by questionnaire and half of these were followed up in detail, the main finding being that three-quarters of those surveyed expected they would participate. More important to the initial success, however, was the finding that over a third were both strongly in favour—and prepared to invest money in the scheme before this Christmas.

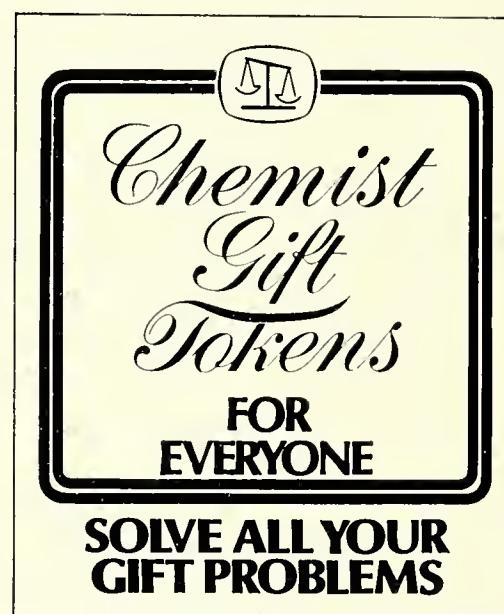
Other points raised in the survey were the need for the scheme to be national and for outlets carrying an attractive range of "gift" merchandise to be included. Sangers Services believe that many customers redeeming tokens will be tempted to buy higher-price goods than usual—and to make additional purchases.

Selling a token earns the chemist 11p for each £1-worth, plus a further 2p on the gift card, which is sold to the customer for 5p. For each £1-worth of tokens redeemed, the chemist receives from Sangers £0·86—11p of the 14p difference has gone to the token vendor and the remaining 3p is used to cover administration costs and promotion. (Sangers Services have promised extensive consumer advertising, including use of *Radio Times* early in the campaign.) Chemists' costs will be "more than compensated by the increase in turnover and profits resulting from participation", the promoters claim.

Sangers Services Ltd is a special company set up to handle projects outside Sangers Ltd's wholesaling business.

August sales up 14 per cent

Retail sales by chemists and photographic goods dealers in August were generally some 14 per cent higher than they were in the same month last year, according to statistics from the Department of Employment. That put the all chemists sales index to 217, compared to a new index of 196 for all retail businesses, some 17 per cent above the previous figure. Independent chemists' sales however only rose by 8 per cent to a new index of 193, compared to a 13 per cent increase for all independent retailers to 183. NHS receipts are not included in the calculation and figures for multiple and co-operative society chemists are not given.



UK service for visitors with 'instant' Kodaks

Visitors to Britain who have bought Kodak "instant photo" cameras in other countries can buy films for them and have them repaired in the UK, a High Court judge said on Monday.

Mr Justice Graham decided that after giving his reasons for a temporary ban he imposed in August stopping Kodak selling in this country cameras and films claimed to infringe patents of the Polaroid SX 70 instant photo camera. He was told that one visitor had asked for a

Commission proposed to help small businesses

A Small Businesses Commission, independent of government, is advocated in a booklet published this week.

The Commission would examine all proposed legislation from the small business angle and would present views to the government with the same authority as is given to the CBI and TUC. The authors of "Small businesses: Strategy for survival" (Conservative Political Centre, 32 Smith Square, London, SW1, £1·00) suggest that the Commission would run a small business loan guarantee scheme in which the borrower and bank could apply jointly for government support in the form of a collateral guarantee for a percentage of the loan proposed.

The Commission would also run the small businesses training board, devising specialised management training and help with consultancy services, and would take over the Department of Industry's small firms division with a view to making it more dynamic.

Other proposals in the booklet include

camera to be replaced and others had wanted to buy film. Kodak undertook to provide services for bona fide visitors only.

The judge said that he had ordered the ban, until trial of the pending action between the two companies, because, although Kodak were selling in America and Canada, none of the cameras had been sold in Britain. Polaroid in Britain had sales of cameras and films, including exports, of over £25m. It had £7m of factories and fixed assets in Britain and expected to invest another £3m this year. It had a substantial and expanding business in Britain and Kodak had none, said the judge.

Further PSNC leaflet on pharmacy distribution

The Pharmaceutical Services Negotiating Committee has produced another leaflet on the need to provide comprehensive pharmaceutical coverage throughout England and Wales.

Some 10,000 copies of "Pharmaceutical Services—meeting the public's needs" have been printed and copies are being sent to all area and regional health authorities, Family Practitioner Committees, Local Pharmaceutical Committees, community health councils and regional and area pharmaceutical officers. It describes how the committee is seeking to stabilise the distribution of existing essential pharmacies and to provide an incentive for new pharmacies to open in areas where there is a particular need for a service.

Wholesaler wins Award

London-based pharmaceutical wholesalers I & N Rabin Ltd are among the latest winners of the Distributive Training Award. The award, run by the Distributive Industry Training Board, is designed to give public recognition to staff training programmes that reach a high standard. Previous winners include Boots, Bradford Chemists Alliance, Kingswood and Underwoods.

making VAT administration simpler by re-introducing the single rate and introducing a system of quarterly payment on account; corporation tax should be half the normal rate for small firms; threshold for some subsidies should be lowered to enable small firms to qualify; and more sampling techniques should be introduced for form-filling purposes.

The abolition of the National Enterprise Board, changes in the VAT system, and new thinking on prescription charges are among proposals in the Conservative Party's strategy document, *The Right Approach*, published this week (Conservative Central Office, 32 Smith Square, London SW1, £0·25). The document argues that the "nonsense" of multi-rate VAT should be ended and the minimum turnover for VAT registration "must be significantly increased", and on the health service it suggests that when it is short of funds for priority tasks, "there is no case for holding down prescription and other charges".

Overseas graduates facing pre-registration difficulties

amden and Islington Family Practitioner Committee has sent a letter to retail pharmacies in the area asking help in placing two overseas students who have been unable to obtain pre-registration posts.

The graduates, from Chelsea College, were originally accepted by the Boots organisation, on condition that they would work for the company for two years after finishing the pre-registration year—a formal procedure, according to a Boots spokesman. However work permits could not be obtained for that length of time, so Boots withdrew their offer. The regional pharmaceutical officer, Miss J. Greenleaf, then asked the FPC to put out the letter in an effort to help. It is understood the graduates may now have obtained places.

A spokesman for the Department of Employment told C&D that in general permission would be given to overseas students graduating in this country to work for a year if that was required in order to obtain registration. However the Department had a responsibility to the unemployed in this country; work permits could not be issued if there were British people who could fill vacancies. The latest quarterly figures for June showed that there were 98 pharmacists on the unemployment register, and only 12 vacancies had been notified to the Department.

Revised British Standard for dispensing containers

The British Standards Institution has announced that there is now a revision of part 1 of BS 1679—relating to containers for pharmaceutical dispensing—which reflects the fact that the paperboard containers originally specified in that part are no longer approved for holding loose tablets, bulk powders or creams, ointments or pastes. The revision is entitled BS 1679 part 1 paperboard containers for strip and blister packs (£1.50), in which two types are specified: a carton and two designs of blister, of which one is for securing a sheet of strip or blister-packed items loose with the folded sides. Another new issue is revision of BS 1133 packaging code section 21 regenerated cellulose film, plastics films, aluminium foil and flexible laminates (£4), which updates the 1964 edition. Copies are available from BSI Sales department, 101 Pentonville Road, London N1 9ND.

Analgesics research call

Leicester Community Health Council, Leicestershire, believe there should be more research into the effects of analgesics. The council on Monday evening approved a report from a team studying the

Medicines Commission recommendations that analgesics should not be sold by self-service and should be sold from non-pharmacy outlets only in packs of 25. The team were concerned that the proposals might not provide a sufficient safeguard; they strongly supported the recommendations as an interim measure but hoped the subject would be kept under close scrutiny. They considered that anyone needing to buy packs of more than 25 analgesics should obtain them on a doctor's prescription. The team reached these conclusions after studying the Pharmaceutical Society's booklet, "Self service or safe ser-

vice?", supporting the proposals, and the opposing views circulated by the Proprietary Association of Great Britain.

The Pharmaceutical Society has heard from 23 CHCs who favoured both the Medicines Commission's proposals, one who favoured the first proposal but not the second and another favouring the second but not the first.

Small packs report: comments sought

The Government has welcomed the Price Commission's report on the relative prices of small packs (last week, p412) and Mr Roy Hattersley, Secretary of State for Prices and Consumer Protection, is inviting the views of a number of bodies including the Confederation of British Industry, the Retail Consortium and the National Consumer Council, on the report. Comments from other bodies would also be welcomed; they should be submitted to the food prices and distribution section, Department of Prices and Consumer Protection, 1 Victoria Street, London SW1H 0ET by October 31.

NHS 'bled dry' by drug industry

Drug company monopolies have an interest in maintaining illness and disease rather than researching to eliminate them. That charge was made by Mr Donald MacDonald, delegate from Newcastle East constituency, to the Labour Party Conference at Blackpool last week.

Mr MacDonald said that Labour Party researchers had investigated the pharmaceutical industry and the results "showed a clear need for socialist re-organisation." Massive resources were put into the promotion of pharmaceutical products—an estimated 14 per cent of the industry's turnover was "wasted" on promotion. The major monopolies operated a transfer-pricing system, he alleged, and asked delegates to consider the effect of that on the National Health Service, which was being "bled dry."

Mr MacDonald added: "There is a clear need for nationalisation. These monopolies have already made super profits

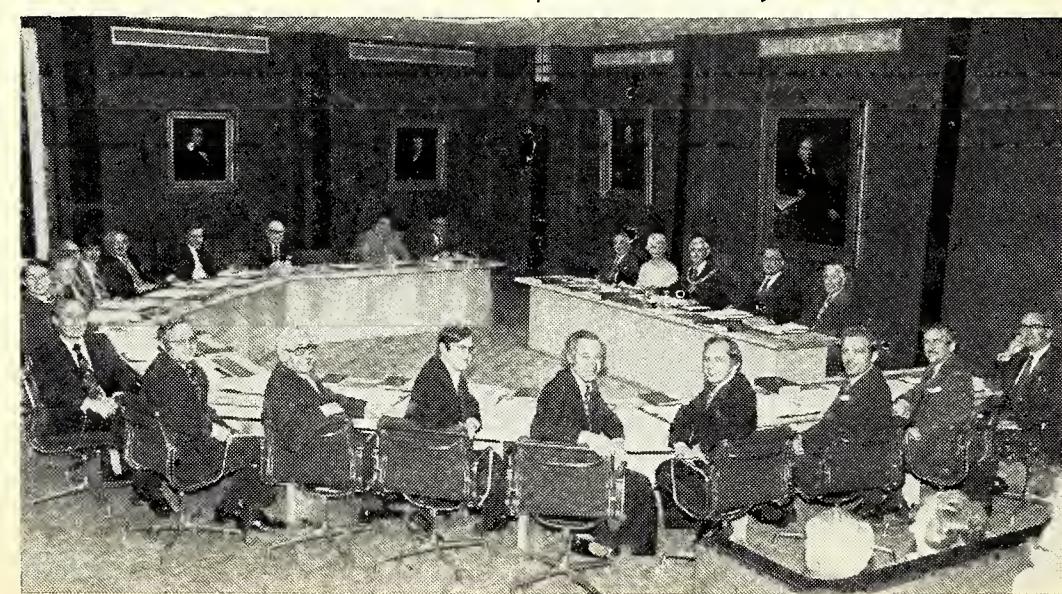
through the National Health Service. We have millionaires living off disease."

The conference carried a wide ranging resolution on the Health Service, including a demand that the Government nationalise the pharmaceutical industry with compensation paid only on the basis of proven need. The resolution, moved by the Confederation of Health Service Employees, was carried on a show of hands after the mover refused the executive's recommendation to remit it for further consideration.

Mr Fred Mulley, replying to the debate on behalf of the executive, said that the resolution echoed what was said in the party's programme. But there were a few points which needed to be carefully considered by the executive before it could recommend conference to accept the resolution. The section on the pharmaceutical industry, for example, went much further than the party's recently published discussion document.

Getting down to business at Lambeth

The Council of the Pharmaceutical Society pictured in session for the first time in its new chamber at the new Lambeth headquarters on Tuesday this week



Pharmaceutical Society Chiltern Regional Conference

Crossroads ahead for continuing education?

The organisation of postgraduate continuing education for pharmacists is reaching a crossroads; it could either be undertaken by the Pharmaceutical Society or by the Department of Health.

That was hinted by Mr G. Calder, deputy chief pharmacist, Department of Health, during the Chiltern Regional Conference "A ten year licence to practice?" at Oxford on Sunday. He explained that there had been NHS national staff committees in existence for a number of years for administrators and nurses, and the Department's plan included a proposal for one for pharmacy. Such committees, overseen by the National Training Council, do not have responsibility for primary professional education but do have responsibility for developing the career and training needs of the staff within the NHS.

Whether the proposed pharmacy national committee would include the contractors and staff associated with pharmacy, such as technicians, was a question still to be settled, as also was whether it would be needed at all. The situation was very open at the moment, but, Mr Calder suggested, "either a committee set up by the Department under the National Training Council or an alternative, which is acceptable to the Department, and provided by the profession itself, will come about sooner or later."

Education 'backlog' overcome

Earlier Mr Calder had traced the history of refresher courses for pharmacists; the Department had been anxious that they should be so designed that they attracted pharmacists who qualified more than 10 years previously. A "substantial backlog" of such training had been overcome and the current provision was more diversified.

Whilst the Department would wish to encourage the heavy participation of schools of pharmacy in the course programme, Mr Calder felt it would be interesting to pursue the possibility of Open University type correspondence-residential courses in which more pharmacists might be able to participate. He also suggested that pharmacy schools might construct their MSc courses for hospital pharmacists in modules: "Is it a possibility that suitable modules could qualify for the grants? And further would it be possible for general practice pharmacists who have taken an agreed number of these modules (and who further passed an examination or assessment on the content of these individual modules) would qualify for a diploma . . . and even for the MSc degree itself?" The Department's position on whether pharmacists should be compelled to attend courses is to "sit on the sidelines" while the profession makes up its own mind, he added.

The management and post-qualification

professional and scientific training of hospital pharmacists had become "very much alive," enabling progressive systematic training to be carried out. "This involves staff appraisal and career counselling of staff at all levels. Such a system goes much further and in my view is more realistic than a rather abstract assessment of professional competence at specific times separated by a period of five or ten years. It may seem 1984-ish but in fact it is not; it is a system well tried and found successful in developing the individual and his potential to the benefit of himself, the service and the patient." He added that the Society's new postgraduate committee may find it fruitful to discuss the possibilities of applying such a system to general practice pharmacists.

As an alternative to compulsion, the Society was currently suggesting to the Department how an incentive scheme could operate for general practice pharmacists. Whilst not wishing to comment on behalf of the Department before the proposals had been considered, he pointed out that now is a difficult time financially for such suggestions to be made. He would not counsel copying the doctors' scheme which he felt was not a success.

Mrs Estelle Leigh, the Society's vice-president, gave the background to the Society's working party on continuing education, which reported last year. The general public were becoming aware of the need for continuing education in the professions, and were beginning to question the right to practise for life after qualifying. The Society's working party was worried that in schemes such as in the USA, there was no way of assessing the effect of attendance at courses; there had to be some kind of assessment which would eventually be linked to registration, Mrs Leigh predicted, as financial incentives had been shown not to work.

Education committees

The Society had met regional pharmaceutical officers about the administration of courses. It was proposed that post-graduate education committees be set up in each region consisting of four practising pharmacists appointed by the Society—two from general practice, one from hospital and one from industry—four appointed by the regional health authority, up to four from the schools of pharmacy in the region, and a member of the Society's Council. There might be problems with the London area, and the Trent Region, where there are two schools of pharmacy. Finance was needed particularly for administration, but in the current economic situation, unusual sources of money would have to be found. The Society's committees were discussing a number of possible topics for courses,

including one on agricultural and veterinary pharmacy for which Mrs Leigh felt there was a great need. The question of a college of practice for pharmacy had been raised; Mrs Leigh asked the conference to consider if such a college was needed and what form it should take.

Asked what other professions did regarding postgraduate education, Mrs Leigh replied that midwives were the only profession she knew of who required anything like mandatory education; they had to pass a test every five years.

Replying to Mrs Leigh's point about regional education, Mr Calder said the Department could not encourage the appointment of a regional education pharmacist at the present time of financial stringency, but if an RHA gave such a post a high priority and was willing to finance it from their own funds, the Department would not stop it. On a college of practice, he had long believed one should be set up for pharmacy; it seemed to him that the academic content of MSc courses was not entirely suitable for research into practice, and the medical profession had entrusted the stimulation of such research to their Royal Colleges.

Professor E. J. Shellard, Chelsea College, felt there was a need for some central organisation for the whole profession rather than a number of colleges. Dr Harris, Chelsea College, asked where the resources for further education were to come from, and suggested it might come from a levy such as is operated by the industrial training boards. Mrs Leigh asked if the money for the national training council could not be diverted to the Society; Mr Calder replied that that would be a matter for discussion between the profession and the Department, adding that in the end the money would come from pharmacists themselves either as levy payers or tax-payers.

Implications for industrial pharmacists 'disturbing'

The "disturbing" implications of the Society's working party report for industrial pharmacists were highlighted during the afternoon session by Dr C. Walton, Glaxo Laboratories, and chairman, Harrow Branch.

In the report, "practice" concerned working within the health service, but industrial pharmacists were also practising; the problem was that they undertook an "unbelievable" variety of jobs so it would be almost impossible to generalise on what continuing education they would require. Dr Walton believed that a career in the industry was different from that in other spheres in that advancement was largely based upon ability; the working party's report seemed to be attempting to bring the same characteristic to the other sectors of pharmacy.

If mandatory assessment was linked to the right to practise, Dr Walton felt it would have one of two effects: either those who worked in the industry would not have a licence to work in the health service since the industry had different requirements; or a different licence would

Professional News

Pharmaceutical Society of Ireland

'No toleration' of pharmacy conducting business without pharmacist, president warns

The Pharmaceutical Society of Ireland's Council will not tolerate a situation where a pharmacy is conducted in the absence of a pharmacist.

That warning was given at last month's meeting of the Council when the president, Dr W. E. Boles, stated that several such instances had been brought to their attention in law reports presented to the past few meetings. Dr Boles continued by stating that if a pharmacist had the misfortune to be ill or prevented from attending at his pharmacy, for any reason whatever, another pharmacist had to be obtained or the business closed. "The pharmacist is a professional man and must maintain the most rigid standards. This is the policy of the Council which has been—and will be—enforced."

DDA prescriptions

The Law Committee had also received reports on several occasions where abnormally large prescriptions for DDA drugs had been presented at pharmacies. The Council recommended that when a pharmacist noticed a person—layman or doctor—procuring unusually large quantities over a period of time, he should contact the Society.

It had been alleged that disposable syringes and hypodermic needles were being sold without restriction in certain Dublin pharmacies. The Council advised that great professional circumspection should be observed in such sales.

Earlier, Dr Boles referred with regret to the death of Mr J. E. Burrell, who had been present at the previous Council meeting. His sudden death during the month of August was regretted by all who knew him and his passing was a great loss to pharmacy. Dr Boles noted that Mr Burrell had been a long time in the profession and had contributed much to pharmacy with no material gain to himself. A minute's silence was observed as a mark of respect. Other deaths reported were Mary Ellen Costello, LPSI, and John J. Maye, MPSI.

During a discussion on district health care teams, Mr J. O'Donnell reported that in the Western Health Board region all pharmacists would be invited to attend meetings of the teams. Mr H. P. Corrigan reported that that also applied to the Eastern Health Board region.

Retention fees and income tax

The registrar, Mr M. J. Cahill, had a letter from the Office of the Revenue Commissioners in reply to his representations regarding the deduction, for income tax purposes, of annual retention fees paid by members to the Society. The letter read:

"The treatment of such fees is governed

by the Income Tax Acts, and is not based on a ruling by the revenue commissioners or dictated by policy. In the case of a person assessable to income tax under case I or case II of Schedule D, Income Tax Act 1967, in respect of the profits of the business or profession of pharmaceutical chemist the annual retention fee may be allowed as a deduction in computing profits for tax purposes. This is in accordance with section 61(a) of that Act which provides that no sum shall be deducted in the computation of profits in respect of any disbursement or expenses not being money wholly and exclusively laid out or expended for the purpose of the trade or profession.

"In the case of an employee the treatment of expenses is governed by rule 3 of the rules applicable to Schedule E (Schedule 2, Income Tax Act, 1967). This provides for the granting of a deduction in respect of expenses incurred wholly, exclusively, and necessarily in the performance of the duties of the office or employment. The annual retention fee paid by an employee pharmacist has not been shown to be an indispensable condition of the tenure of the office or employment. The expense of such registration with the Society cannot, therefore, be regarded as coming within the terms of rule 3, and so is not allowable."

Mr Cahill explained that the ruling meant that an employee pharmacist was

Veterinarian summonsed for sale of poison

A veterinarian was one of two people who appeared in court last month following purchases made by Mr P. Cummins, inspector for the Pharmaceutical Society of Ireland.

Four summonses were brought against Mr Maurice Regan, MRCVS, Kilcloone, Dunboyne, co Meath, by the Society at Kilcock District Court. The defendant admitted selling a scheduled poison from a van to Mr Cummins at Edenderry Mart. District Justice Gilvarry imposed fines totalling £8 and allowed a sum of £13.50 to the Society for costs and expenses. Mr Michael Ward, solicitor, Edenderry, appeared for the Society.

The Midland Health Board prosecuted Miss Mary Claffey, Castletown Geoghegan, co Westmeath, under the Medical Preparations (Control of Sale) Regulations 1966, for selling a cough mixture containing a controlled substance to the Society's inspector. The case was heard at Kilbeggan District Court where fines of £15 were imposed together with £32.50 costs.

required to submit a letter from his employer stating that registration as a pharmacist was an essential condition of his employment in order to have his annual fees accepted as an allowable expense for income tax purposes.

At the FIP Congress held in Dublin last year Dr Boles had been presented with a Delft pharmacy jar, as a personal memento of the occasion, by Dr Winters. During the meeting, Dr Boles handed over the jar to the Society; he explained that although it had been presented to him personally, he felt the congress organisation was a corporate effort and that the tangible recognition should remain in the Society's headquarters.

Mr M. F. Walsh reported that the Society will have a stand at the exhibition at the forthcoming Irish Pharmaceutical Congress. Details of standards for approved pharmacies will be available from the stand.

Register changes

The following were granted change of name in the Register, marriage certificates having been submitted: Mrs Barbara A. Brady (nee Mongan), MPSI; Mrs Geraldine M. O'Gorman (nee Murphy), MPSI; Mrs Eileen M. Mulconroy (nee Aherne), Assistant.

The following addresses were changed in the Registers: Mrs Barbara A. Brady, MPSI, to Birchill, Barnesmore, Donegal PO, co Donegal; Mrs Geraldine M. O'Gorman, MPSI, to 21 Inishounaught, Marlfield Road, Clonmel, co Tipperary; Mrs Ellen O'Hanlon, MPSI, to Ballyclamsy, Summerfield, Youghal, co Cork; Mr Patrick J. Brady, MPSI, to Birchill, Barnesmore, Donegal PO, co Donegal; Mr Michael A. Duffy, LPSI, to 59 Millmount Avenue, Drumcondra, Dublin 9; Mrs Eileen Mulconroy, Assistant, to Balloughtra, Tulla, co Clare.

The Licence Certificate of Martin Francis Donnellan was signed and sealed. Joseph B. Fahy, Cornelius A. Murphy and John J. O'Donnell were elected as members of the Society.

The District Justice remarked that there could have been mitigation of the penalties if the defendant had disclosed the name of her supplier. J. J. Macken & Co, solicitors, represented the Health Board.

Examination success for Assistants

The following candidates were successful in the recent Pharmaceutical Assistants' examination: Bridget Philomena Marion Cleary; Nora Carmel Cleary; Marian Stephanie Harty; Marie Catherine Lambe; Mary Dierdre Lennon; Matthew Anthony Joschim McMahon; Mary Bernadette Murphy; Ann Marian Murray; Mary Barnadette O'Connor; Deborah Mary O'Rourke; Alicia Mary Rita Synott.

New managing director for Clonmel Chemicals

Mr William Butler has joined Clonmel Chemicals Co Ltd as managing director from October 1. A pharmacist by profession, Mr Butler was previously manager of Bristol-Myers (Ireland) Ltd.

A very faint, large watermark-like image of a classical building with four prominent columns is visible in the background.

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Chiltern Region Conference

Continuing education

Continued from p454

be required to practise in the different sectors. If there was only a 10 year licence, then industrial pharmacists would lose their licences in 10 years. However Dr Walton was grateful for the Society stipulating that pre-registration students in industry had to spend some time in hospital because contact with the patient showed them the reason for the industry's products.

Mr R. Shear, chairman, Redbridge and Waltham Forest Area Chemist Contractors Committee, believed that continuing education could be linked to the trading component of retail pharmacy; the more professional, and so better quality, of the service provided the more customers would be attracted. It had been estimated that 60 per cent of primary health care rested with the pharmacist; that could be used to create a valuable role for the general practice pharmacist.

There were the real problems of how to get general practice pharmacists involved in continuing education: how to establish a proper structure of management for such programmes; and how to obtain proper financial resources. He believed that continuing education should be under the aegis of the Society's regions; the participation of all sectors of the profession would be a way of cementing them together and not emphasising the splits. He could not see that continuing education could be made compulsory for many years and if that was the case inducements were required.

Problems of planning

Mr C. Hitchings, area pharmaceutical officer, Camden & Islington, compared the planning of a new hospital pharmacy department 10 years ahead of when it would come into operation with the planning of a course to fit someone to practise in 10 years time. He felt that the undergraduate course could not have more put in it without something else having to be removed. The other possibility was to extend it to four years, but before that was done, he suggested more could be accomplished in the pre-registration year which was, in general, a "white elephant". He warned however that the financial restraints were beginning to tighten, and training posts were likely to be the first to go; he predicted there would be a serious problem about hospital pre-registration places, "probably next year". Hopefully the proposed £1,000 grant to retail employers would help to overcome the reduction in hospital places, he added.

On the suggestion for a college of practice, Mr Hitchings agreed there should be only one such college for pharmacy; the doctors had a number of colleges but their profession is considerably larger.

Mr Taylor, Stevenage, asked if the industry could provide funds for continu-

ing education. Dr Walton replied that the industry already had a "tax on turnover" to pay for the licensing of its products and it relied upon its research to be competitive; any more money taken away would make the companies less competitive.

Professor Shellard said Dr Walton had raised the question what is a pharmacist? Members of the profession are engaged in community practice, hospital work—where there are three or four well defined occupations—and the industry where there are a number of roles. The job of a school of pharmacy is to turn out a person capable of going into any branch and who, with continuous education, could adequately fulfil all roles.

Course changes?

Chelsea were currently involved in discussions about changes in the direction—but not the science base—of the degree course. In the past the central principle was to produce a skilled technician who made medicaments, but that was only on the periphery of current practice, and technicians could be trained to prepare capsules etc. Dr Harris however pointed out that many hospital pharmacists still had to undertake manipulations.

Mr D. Moon, Oxford, recalled a recent meeting between pharmaceutical officers and Dr David Owen, the previous Minister of State for Health, where he had made it clear that the drug bill and profit were "dirty words" to the public. Mr Moon

continued by suggesting that if the "on cost" term in the retail pharmacist's remuneration, which he considered equivalent to "profit", was replaced by a professional fee, then a "carrot" could be applied to continuing education by varying the fee rather than varying "profit". The fee could initially be set at a level which would correspond with the "on cost" allowance.

Dr P. Boreham, regional secretary, later suggested that one way of inducing attendance would be if some form of training was given in diagnosis and counter prescribing with the successful pharmacists then being registered to treat minor ailments. Mrs Leigh replied that pharmacists had been counter-prescribing for years without such training. Dr Walton said his branch had run an "educational" type of programme over the past few years and only about 10 per cent of members turned up; however when they had charged a fee for a course, they had over twice as many attending!

Several speakers felt the Society's journal could be used to get educational material to those who did not attend courses and Mrs Leigh said the Liverpool school of pharmacy had prepared a course which could be sent by post. Mrs Enid Lucas-Smith pointed out that if there was to be a 10 year licence to practice, then about 3,000 pharmacists would need to go on a course each year; she suggested a postal course together with a one-day seminar paid for by the Department.

Pharmaceutical Society Mersey Region Lecture

Health centres the answer for unity?

Despite the number of pharmacy closures there are still too many pharmacies for the amount of professional work available, believes Mr W. A. Beanland, former member of the Pharmaceutical Society's Council.

"There is still no unemployment in pharmacy but there is a great deal of under-employment," he told an evening meeting of the Society's Mersey Region in Liverpool last week. He criticised the Pharmaceutical Services Negotiating Committee's publication, "Prescriptions in peril," as "wallowing in self-pity" and "parading yet again its tired excuses" that smaller pharmacies had been subsidising the NHS for too long.

Fear of challenges

Too many pharmacists were afraid of present-day challenges, even though there were tremendous opportunities to be grasped, Mr Beanland added. Doctors were not afraid—they saw a secure future in group practices, working together instead of in isolated units. Pharmacists saw health centres only as a threat, in spite of the fact that they were increasing rapidly in number and patients wanted pharmacies where prescriptions were issued. Concern about the elderly, mothers of young children and those too ill to visit the doctor tended to get out of all proportion—people were far more mobile than previously.

"Is it beyond our ability to think and plan in terms of collecting and delivering where necessary?" he asked. "Ought we not to be assessing our assistants on their

ability to use a typewriter and drive a car, rather than on the ability to play music (on the cash register)?"

Pharmacy in health centres gave the "glorious opportunity" to unify in practice and rationalise pharmacy distribution in shopping centres and dormitory areas. Unity in the profession would follow, given such realism and the confidence to announce that "as pharmacists we are expert on matters pharmaceutical; on matters pharmaceutical we will make the rules and set the standards," he said. "Do the job as we know it should be done, and argue afterwards."

No newly-established body could hope to unify the profession merely by becoming established, Mr Beanland said. To succeed it would have to attract a vast majority of pharmacists, all willing to accept discipline, but a new body must eventually be formed "when the time is ripe" because neither the NPU nor PSNC "and certainly not ASTMS" were capable of fulfilling the necessary criteria.

Application date extended for Scottish Conference

Application forms for the Pharmaceutical Society's Scottish Conference "Pharmacy in health centre areas" to be held on October 23-24 at the Royal Dorrock Hotel, Cults, Aberdeen, are now being issued following an unavoidable delay. Because of the delay, the final date for receipt of the applications has been extended to Friday, October 15.



This is an advertisement for your company.

It's an advertisement that reflects efficiency, reliability, attention to detail, modern outlook.

All points, surely, that you list in favour of your company. And all most impressive to a client. Or prospective client.

Pictured is the Vauxhall Cavalier 'GL' with our proven 1.6 litre engine. (1.9 litre engine also available.)

Inside you're surrounded by luxury.
Velour cloth seats.
Quartz activated clock.
Soft grip sports steering wheel.
Carpeted lower door trims.
Our concern for your welfare goes further.
Hazard warning flashers.

Heated rear window.

25 cu. ft. boot.

11-stage body-protection process with underbody seal.

On the road, you'll discover acceleration from 0 to 60 in 13.4* seconds.

A top speed of 96.3 mph.*

Together with 39 mpg* at a constant 50.

And you don't find many advertisements that are this cheap to run these days.

*Motor Magazine.

CAVALIER



You'll like what's happening at Vauxhall.

For further information about the Vauxhall Range, V.M. Leasing Programmes and Daily Rental facilities, contact Fleet Sales Dept.,
Vauxhall Motors Ltd., P.O. Box No. 3, Luton, Beds. Tel: Luton 21122 Ext. 4160.

There are five models in the Cavalier range: 2-dr 1.6 litre 'L' £2,249. 4-dr 1.6 litre 'L' £2,325. 4-dr 1.6 litre 'GL' £2,551. 4-dr 1.9 litre 'GL' £2,673. 2-dr 1.9 litre 'GL' Coupé £3,161.
Prices include inertia-reel front seat belts. Car Tax + VAT. Delivery charges + number plates extra.

A.S.P.

The big-selling habit breaker. Now an even bigger moneymaker.

Up to 102 per cent profit with ASP's great new 'Clean Up' offer!

You just stock up with fast-selling ASP — the safe, immediately effective anti-smoking product. Minimum order only 3 dozen.

We give you up to 16 dozen top quality 'Solo' brand toothbrushes. Absolutely free. Individually boxed, in Regular, Smokers, Soft-and-Hard grades and family packs. For you to sell at 20p-25p each. And earn up to £195.36 total profit!

We support you with new dominating advertising. To be seen by over 20 million people. In national and regional newspapers including *The Sun* and *Daily Mirror*. Plus new hard selling display material. And our unique free sampling demonstrations on request (subject to a minimum order).

Don't miss this big chance to 'clean up' with ASP.

Get full details from your ASP representative. Or contact us direct. Now!

**EMPRESS MARKETING LTD., PO Box 277,
Robin Hood Lane, Hall Green, Birmingham.
Tel: 021-744 6681**

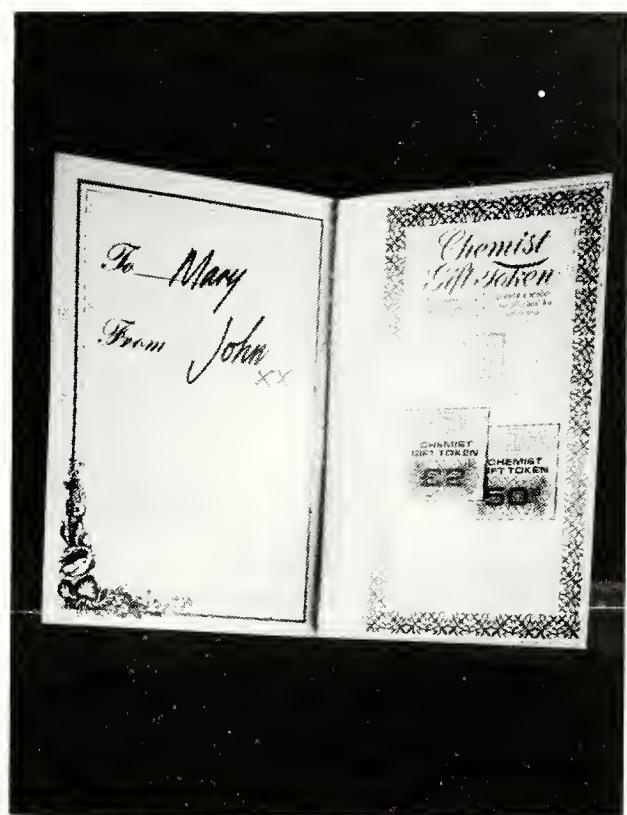
**DEVONCARE LTD., 99, Robin Hood Lane,
Hall Green, Birmingham. Tel: 021-744 6681.
Manufactured only by Antobond Ltd., Leeds.**



SPECIAL EDITION

October 1976

NATIONAL LAUNCH OF CHEMIST GIFT TOKENS



Sangers Services Ltd., today announced the introduction of a new gift token scheme which has been designed specifically for all independent chemists and the smaller multiples throughout the British Isles.

Heavy Launch Ad Campaign

The advertising agency earlier released details of a heavy-weight local press campaign and the range of display material aimed at creating consumer awareness and demand in the shortest possible time.

It's aim, say Sangers, is quite simply to offer the many thousands of chemists to whom no such scheme has hitherto been available the benefits afforded by being able to sell and redeem their own special gift tokens.

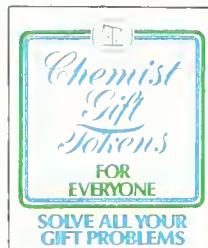
GIFT TOKEN MARKET EXCEEDS £55M - OFFICIAL

The retail value of the total gift token market has officially been calculated at £55m. — put another way that is £55m. of goods sold through the medium of gift tokens, and more importantly, £55m. of goods sold only through outlets who subscribe to gift token schemes. In the retail chemist trade this market is totally dominated by the one large group whose gift token scheme ensures that millions of pounds worth of sales go only through their own outlets.

STOP PRESS

Research results indicate huge nationwide support for the Chemist Gift Token scheme. Most retailers felt that Chemist Gift Tokens would make a substantial difference towards bringing additional customers into their shops.

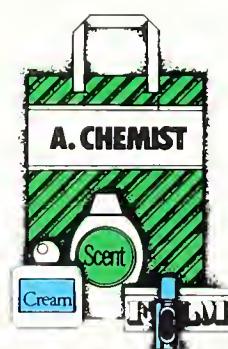
What Chemist Gift Tokens will mean to the chemist



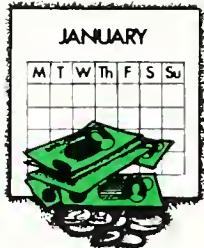
New customers will be attracted to chemist shops displaying the Chemist Gift Token Sign—whether it is to buy or redeem a token.



The chemist makes a profit on each Chemist Gift Token he sells. And on the gift card itself.



Customers redeeming the Tokens will tend to up-trade to higher priced goods—and probably make other purchases at the same time.



The traditional post-Christmas cash flow situation will be eased by the redemption of the huge quantity of tokens bought for Christmas presents.



It is yet another valuable service that the Chemist can offer to the public.



The introductory pack of Chemist Gift Tokens is sensibly priced to allow all chemists to place an initial order for only a small quantity—the sale of which the chemist can monitor to test the success of the scheme. (See P4 for details of introductory pack and order form.)

HOW THE SCHEME WORKS

1. The Chemist buys from Sangers Services Ltd., an Introductory Pack consisting of five books of tokens, each with a face value of £10, for the sum of £8.90 each, i.e. every £1 worth of tokens he sells will have cost him just 89p.

2. The pack will also include 40 gift cards at a cost of 3p each for which the chemist will charge his customers 5p each.

3. A customer may exchange a Token at any chemist for goods to the value of that token. (If the cost of the goods exceeds the value of the Token, the customer may make up the difference in cash).

5. Of this 14p difference between the selling and redeeming price, 11p has, of course, already gone to the selling chemist as outlined under point 1. above (who may or may not be the same person as the redeeming chemist).

6. The remaining 3p is used by Sangers Services Ltd. to fund the entire scheme: including all administration costs; the printing of the tokens themselves; the printing of all point of sale material; and the extensive consumer advertising campaign.

7. This 3p "cost" to the chemist is partly eradicated by the 2p profit he makes on the sale of each gift card—and, of course, the small remaining balance is more than compensated for by the increased turnover and profits resulting from participation in the scheme.

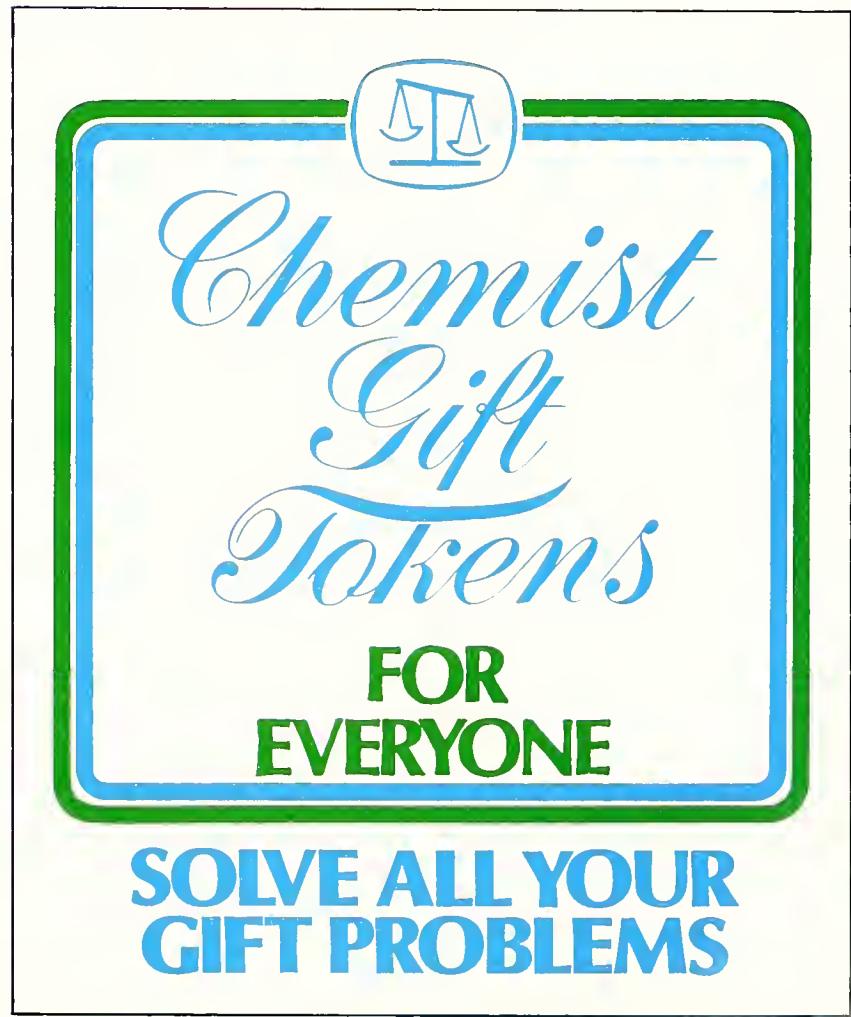
4. The chemist will then redeem each Token with Sangers Services Ltd: for every £1 worth of Tokens he redeems he will receive 86p.

Chemist Gift Tokens



Sold and exchanged
where you see
this sign

Each introductory pack
contains one of these
window bills,
plus a Gift Token
dispenser/showcard.



THE NATIONAL CONSUMER ADVERTISING BREAKS IN NOVEMBER

SO SEND NOW FOR
YOUR INTRODUCTORY PACK
OF CHEMIST GIFT TOKENS

You will receive...

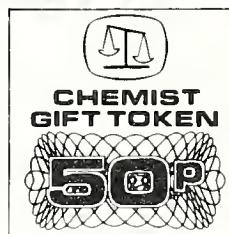
one book
of 40

25p vouchers
(total face value £10)



one book
of 20

50p vouchers
(total face value £10)



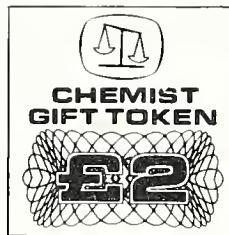
one book
of 10

£1 vouchers
(total face value £10)



one book
of 5

£2 vouchers
(total face value £10)



one book
of 2

£5 vouchers
(total face value £10)



Plus 40 quality gift cards (made up of 8 attractive designs) together with envelopes, with a total retail price of £2.00. This makes the total retail value of your pack £52.00, yet you need send only £45.70!

Also enclosed will be full details of how to redeem tokens with Sangers Services Ltd.

Send the completed coupon below, together with your remittance,* to: Sangers Services Ltd., 102 Morden Road, Mitcham, Surrey

Send this completed coupon, together with a cheque for £45.70* (made payable to Sangers Services Ltd.) to: Sangers Services Ltd., 102 Morden Road, Mitcham, Surrey.

Name (in block capitals please) _____

Name and address of shop _____

*If you wish to apply for business credit terms indicate with a tick here

Please allow 14 days for delivery of your introductory pack of Chemist Gift Tokens (or 28 days if you are applying for business credit terms)

Regd. Office: Sangers Services Ltd., 102 Morden Road, Mitcham, Surrey. Regd. No. 913889

Supplement of Chemist and Druggist — 9th Oct. 1976

People

Topical reflections

BY XRAYSER

Mr G. W. Horsley, MPS, 7 Moat Drive, orth Harrow, Middlesex, and his wife lebrated their golden wedding anniversary on September 25. Qualifying from ottingham on January 1, 1921, Mr orsley worked in Manchester and London before opening his own pharmacy in mersham, Bucks. He retired in 1962 since hen he has undertaken locum duties. lways an active supporter of the Pharcaceutical Society's Harrow Branch, Mr orsley was chairman 1957-59. His ughter, Mrs C. M. Taylor, is also a harmacist and is currently secretary of e Society's Teesside Branch.

IIr Philip Sacks, a community pharmacist from Norridge, Illinois, has been elected the next president of the American Pharmaceutical Association, and Miss ngele C. D'Angelo, a community pharmacist from East Rockaway, New York, as ce-president. They will be installed during the association's annual meeting in ew York next May.

Deaths

TWoodley: On September 28, after a long ness, Mr Thomas Winston Woodley, 13 eringham Avenue, Feltham, former arehouse manager and chief buyer of E. oss Ltd. He joined the company in 1944 and gave valuable help in its development.

News in brief

IThe September issue of the World health Organisation's *Chronicle* contains supplement listing proposed international non-proprietary names for 113 substances. **I**Chemist contractors in England during May dispensed a total of 23,248,999 prescriptions (14,492,678 forms) at a total cost £35,608,435—an average of £1.53 per prescription.

INew regulations are to be introduced by the government of Malta concerning medicinal preparations containing boric acid or sodium borate, cosmetics containing bithionol or mercury compounds, and spray cosmetic products containing vinyl chloride. Further information may be obtained from the Department of Trade, Overseas Tariffs and Regulations Section, 10 Ludgate Hill, London EC4M 7HU (telephone 01-248 5757).

IThree San Francisco scientists have started a project to develop a deodorant that can be processed into clothing. It could end the competition among roll-ons, sprays and sticks, they claim. Dr Tyrone Igo, Dr Clark Welch and Gary Danna of the Southern Regional Research Centre, United States Department of Agriculture, New Orleans, say that polyester, silk and rayon are being treated with less success than cotton. Cotton fabrics have been treated successfully to produce a timed-release action that continuously kills smell-causing bacteria and remains active after as many as 50 washes, according to a C&D correspondent.

Options

I am obliged to Mr Ritchie for his letter, in which he gently asks me to take my tongue out of my cheek long enough to suggest a solution to the dilemma with which pharmacy is faced. (I am not sure that I do write with tongue in cheek. It more often peeps out.) What I have attempted to do is draw attention to some of what I have considered to be the less acceptable methods of treating the disease from which pharmacy is suffering. That is not at all easy, and I have never pretended that I know the remedy.

As your correspondent writes, everything that is said about pharmacy is true in some regard. But in all illnesses, the first step towards recovery, or even survival, is accurate diagnosis. Have we found out the reasons for the disease attacking so many pharmacies? Can we say, with any degree of accuracy, that the principal reason for the closures is that pharmacy is not able to survive because of its inability to compete in a world of intense competition in retail selling, engaged in by supermarkets and chain stores? Or are there other factors which may have a bearing?

Difficulty

Mr Ritchie says that the Numark scheme (and others based on the same ideas) are there to give the opportunity to compete—if we wish to do so. He goes on to say that "certain aspects of retail promotion are, of necessity somewhat brash and are certainly far removed from the image of the professional pharmacist. But if you're in the market place you've got to be seen to be there". That has been my difficulty. Your correspondent says that that is not the image of pharmacy that all of us would like to see projected and on that I must confess to being one of the others.

Of course the pharmacy is an indispensable part of medical treatment. Of course the pharmacist fulfils a vital role in local health care. Yet the points of distribution grow fewer. I could point to a number which now have only a limited life, during which no promotion scheme would provide a cure for their ills. There have been catastrophic changes in their environment, and a community has been dispersed. Nothing can bring it back. The business is unsaleable because it has ceased to provide an income. So the owner decides to call it a day and offer his services elsewhere, as locum or assistant.

Inducement

There are businesses more promising and more prosperous than those I have mentioned, the owners of which would like to retire. Some years ago these businesses would have been regarded as an attractive proposition for a young man and would have sold readily. But there are obstacles in the way of a ready sale. One has only to study the salaries offered to young pharmacists today to see that there are inducements in the shape of highly-paid jobs in which to see that there is no occasion to give hostages to fortune by large scale borrowing at high rates of interest.

Some form of planning of distribution is called for, but I question if that can be done by pharmacy alone. Such planning has been mooted but has failed to materialise. There are also the problems created by the health centre, which can upset the whole pattern of medical and pharmaceutical service. In fact, the situation is much more complex than that referred to by your correspondent, who states that "as economics operate, the customer can close the pharmacy quite simply by purchasing his or her non-health requirements elsewhere". I am not suggesting a solution, but I feel we would make a mistake if we regarded retail promotion as the cure. I am not sure that I would regard it even as palliative.

New products

Optical

Lens case added

The Trio-kit TK7 (£3.22) is being introduced to replace an existing contact lens accessory case, Trio-kit TK3 standard, by Smith & Nephew. The new kit, available in red, brown, blue and yellow contains a Transtore H lens storage container, one 10ml bottle each of Transol and Transoak and a mirror. A minimum order of six for each colour is required (Smith & Nephew Pharmaceuticals Ltd, PO box 7, Bessemer Road, Welwyn Garden City, Herts).

Cosmetics and toiletries

Miners Passion Flowers

Fragrance sticks of butterfly rose, dragon flower, eastern ginger and passion berry (£0.35) are being introduced by Miners. Cases have an oriental design different for each "highly individual" fragrance in this Passion Flowers range (Myram Picker Ltd, Hook Rise, Kingston By-Pass, Surbiton, Surrey KT6 7LU).

Sequana in Lancashire

Uniclife are test launching Sequana, a fragrance range of bath and after-bath products under the A La Facon label, in the Lancashire television area. Bubbling bath (148cc, £1.25), creme bath (148cc, £1.30), body Cologne (148cc, £1.30) and



Film star Graham Stark (left) and Don Snape, sunglass marketing manager, Polaroid (UK) Ltd (right), present Mr Ron Stock of Moordown Pharmacy, Bournemouth, with a Philips 26in colour TV and video cassette recorder, first prize in the Polaroid sunglass window display competition. Mr Stock was also presented with a video recording of the proceedings to play-back at home on his newly-won prize.

body powder (60g, £0.85) are being advertised on television and cinema screens until Christmas with a claimed "biggest ever" expenditure to support a bath range launch.

Bottles are "unbreakable" and spherical, with twist-on, click-off caps and boxes are metallic blue with silver graphics. Bath products are in deep blue bottles, after-bath products in two-tone blue and turquoise and the range is accompanied by display material for counters and windows. Uniclife say the bath additives market has been buoyant since 1970 with "bath liquids showing an annual growth as high as 40 per cent", and of Sequana . . . "it reveals the other woman in you" (Uniclife Ltd, Unimart House, Stonar, Sandwich, Kent).

Gingham foam bath

Innoxa are adding foam bath (£1.10) to their Gingham fragrance range. Oval glass bottles are available in standard Gingham packaging and, for Christmas, gift wrapped. Two capfuls of the green bath additive are said to create frothy bubbles in the bath, scenting, softening and colouring the water (Innoxa (England) Ltd, Innoxa House, 436 Essex Road, London N1 3PL).

Crabtree & Evelyn match

Mysore sandalwood shaving soap, presented in a wooden bowl and boxed (£1.95), is being introduced by Crabtree and Evelyn. It is said to lather profusely and be "ideal for the man who prefers the old-fashioned way of shaving". Almond oil and oatmeal triple-milled soaps-on-ropes (£1.95), packed in wooden boxes, are now available in addition to Mysore sandalwood. The foaming bath gel range (8oz, £1.50) has been extended with avocado, peach, kernel oil, Swiss goat milk and wheat germ selected to match French triple-milled soaps. With these introductions the makers say it is now possible for gift seekers to make up their own matching sets (Warburg, Dean Marketing Ltd, 34 Savile Row, London W1X 1AG).

Clinique powders

Clinique are claiming to "revolutionise the powder-puff and compact habit" with a transparent buffer (£3.25) that combines powder brush and pressed powder. The compact is available in sunbeige or natural. The brush delivers a light puff of powder to combat facial shine. Both are allergy-tested and fragrance-free. Three shades of powder blusher (£3.25) have been reformulated and a plum shade—clover—introduced (Clinique Laboratories Ltd, 54 Grosvenor Street, London).

Miscellaneous

Red Kooga ginseng

Red Kooga—king of ginseng is to be introduced in November by English Grains Ltd. The tablets of king whole root 600mg are strip-packed (36, £2.46). A book, "Ginseng—the man root" (20, £3.30 trade) is available free with a coupon in every pack and gives information on all aspects of ginseng. A film on the herb is to be shown throughout the UK and will be advertised in the local Press (English Grains Ltd, Swains Park, Park Road, Overseal, Burton-on-Trent).

Prescription specialities

DUOFILM wart paint

Manufacturer Stiefel Laboratories, Wecroft Road, Slough SL1 4AQ
Description Salicylic acid 16.7 per cent and lactic acid 16.7 per cent in a collodion base

Indications Plantar and mosaic warts

Method of use The patient should instructed to (1) Soak the wart in water for five minutes. (2) Rub the surface of the wart carefully with pumice stone or manure emery board. (3) Apply Versal, taking care to avoid normal skin. (4) Allow to dry thoroughly and cover with plaster if wart is large or on the foot. (5) Continue treatment until wart is completely clear and ridge lines on skin have been restored.

Precautions Not to be used on the face and ano-genital regions

Storage Avoid naked flame

Packs 15ml applicator bottle (£1.60 trade £2.59 retail)

Issued October 1976

on TV next week

Ln—London; M—Midlands; Lc—Lancashire;
Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia;
U—Ulster; We—Westward; B—Border;
G—Grampian; E—Eireann; Cl—Channel Island.

Alberto Balsam conditioner: All except E

Alberto Balsam shampoo: All except U,

Amber: All except E

Anadin: All areas

Aquafresh: All except WW, E, Cl

Atrixo: All except E

Bic: All except E

Crest: Ln, Sc, WW, So, A, U, W, Cl

Denclen: Lc, Y, NE

Denim: All areas

Farleys rusks: All areas

Gumption liquid: Lc, Y, Sc, NE, B, G

Homefresh: Ln, So

Imperial Leather foam: All except E

Lucozade: All except E, Cl

Macleans: Y, NE

Natural Balance: M, Y, NE

Oil of Ulay: All areas

Outdoor Girl: M

Pears shampoo: All areas

Radox: All except U, E

Recital: All areas

Ribena: All areas

Sequana: Lc

Seven Seas: G

SR: All areas

Sunsilk hairspray: All areas

Sweetex: WW, We

Tuftu Tails: Ln

Vu: Ln, M

Zendiq: All areas

If you're wondering whether to order Lastolita-have a quick word with your wife...



Lastolita tights and stockings are the most attractive support wear a woman can have - and that's very important if she has varicose veins, leg troubles, or if she's expecting a baby.

Lastolita maternity tights have a unique fishnet elastic support panel to give legs and tummy continual support.

Together with Lastolita light-weight tights and stockings they make every woman feel comfortable and beautifully fashionable. A convenient display unit is available to keep sales moving fast.

Full details from your Lastonet Rep; or write to Lastonet Products Limited, Redruth, Cornwall.



Lastonet Products Ltd.

Trade News

Hedex power

Sterling Health Products, St Marks Hill, Surbiton, Surrey, are to spend about £150,000 in their "biggest-ever" burst of national television advertising for Hedex. The campaign runs from October 18 to November 7 and features women talking about the advantages of the product plus the Hedex slogan "powerful against headaches, gentle on your stomach".

THA tacrine re-introduced

WB Pharmaceuticals Ltd, PO box 23, Bracknell, Berks RG12 4YS, are re-introducing THA ampoules containing tacrine hydrochloride 30mg in 2ml (5, £2.00 trade).

Harmogen larger size

A 500 tablet pack (£23.75, trade) of Harmogen tablets is to be introduced on October 11 by Abbott Laboratories Ltd, Queenborough, Kent.

Catarrh vaccine reminder

As Parke, Davis & Co, Pontypool, Gwent NP4 8YH, are still receiving inquiries for catarrh vaccine, they wish to confirm that the product was discontinued earlier this year (*C&D*, February 28, p303) and no further orders can be accepted.

Flavoured Complan goes national

Following nine months regional test-marketing Glaxo-Farley Foods Ltd, Torr Lane, Plymouth PL3 5UA, are launching butterscotch, chocolate and strawberry

flavours of Complan (250g, £0.53) nationally. Two television campaigns have been planned—from November 23 and in January—to cover all areas except Granada and the Midlands at a cost of £130,000. Consumer leaflets and sample packs for distribution by health visitors will be available.

Sales in Granada and Midlands test areas this year, backed by television advertising, were said to have increased sales for all Complan by 40 per cent in unit volume. Glaxo-Farley say television advertising, point-of-sale and promotional material supported the test-launch and the trial revealed a younger profile of users.

Extra Fresh & Dry

Daybreak, alpine and herbal fragrance Fresh & Dry 42cc roll-ons are being offered to the consumer at the price of 28cc packs (£0.41). Bristol Myers Co Ltd, Stamford House, Station Road, Langley, Bucks, are also offering daybreak variant in a counter display unit.

Agua Brava distribution

Creative Fragrances Ltd, 41a Burlington Arcade, London W1V 9AE, are now distributing Agua Brava male toiletries previously marketed by Myram Picker Ltd.

Hermesetas belt

Backing cards attached to Hermesetas are offering an inch-wide blue and white plastic belt for £0.90. One card from a 650 pack or two from 300 packs qualify for the offer, available from Crookes-Ancstan Ltd, PO box 94, 1 Thane Road West, Nottingham, while stocks last.

Aspirin and papaveretum tablets

Arthur H. Cox & Co Ltd, 93 Lewes Road, Brighton, East Sussex BN2 3QJ, can supply tablets containing soluble aspirin 500mg and papaveretum 10mg (100, £1.00; 1,000, £8.70 trade). The tablets were mentioned recently in a *British Medical Journal* leading article on post-operative pain, with the usual dose recommended as one or two every four to six hours.

Dylon white colours

PVC bottles (170g, £0.39) with screw-on measuring caps have been designed for Nylon white and Dylon International Ltd, UK division, Lower Sydenham, London SE26 5MD, are also up-dating sachets (£0.16). An orange, green and white counter display unit reflects packaging colours and holds 12 bottles.

Tabu campaign on television

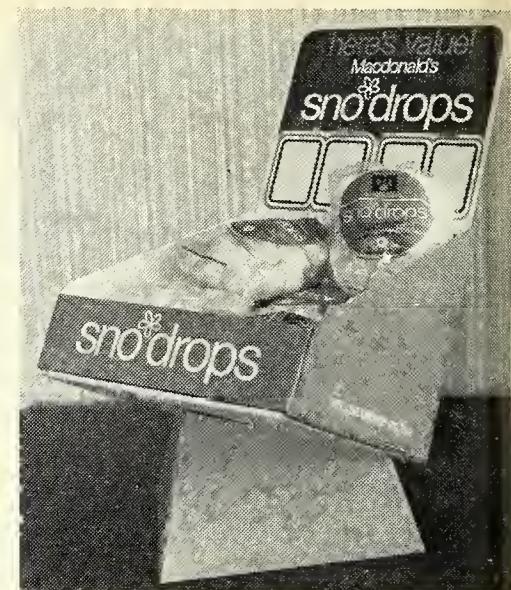
Dana Perfumes Ltd, 7 Conduit Street, London W1R 9TG, are to promote their Tabu perfume on television for the first time, in a two-and-a-half-month campaign in the ATV Midland and Trident regions.

The company will also be running Press insertions in national women's magazines during December, with half-page colour advertisements in *Woman*, *Woman's Own*, *Annabel*, *Cosmopolitan*, *Family Circle*, *Harpers and Queens*, *Honey*, *Living*, *Over 21*, *She* and *Prima*.

The thirty-second television commercials, being screened from mid-October through to December, and the Press advertisements will follow the same theme: "Tabu perfume for girls who like sensational effects."



A new display outer for Simple Soap is available to independent pharmacies from Ernest Jackson & Co Ltd, Crediton, Devon, and, in Scotland, from Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland. It contains six bath-size flashed at £0.21 and 12 toilet size bars flashed at £0.12.



A counter display unit for Macdonald's cotton wool, from Wellcome Foundation Ltd, Temple Hill, Dartford, Kent DA1 5AH, has a reversible price card for use with Sno-drops, rolls or pleats

Bisks three meal pack

The five meal pack of Bisks chocolate wholemeal biscuits has been replaced by a new three meal pack (£0.43) from Fisons Ltd, pharmaceutical division, Derby Road, Loughborough, Leics LE11 0BB.

Us shampoo sampling

Sachets of Us shampoo for normal to greasy hair are being packed in envelopes offering "5p off" purchase of a bottle, in a sampling promotion. Johnson Wax Ltd, personal care division, Frimley Green, Camberley, Surrey, are distributing the sachets with *OK* magazines dated October 9 and December issues of *Honey* plus *Wedding Day & First Home*. *OK* is said to have a 175,000 circulation among the Us target group—14-24 year olds.

Trial lipsticks with nail laquer

A trial size colour-matched lipstick is being supplied free on pack with Rimmel frosted opal nail lacquer shades—raisin, marron, cognac and pink sorbets—until November 30. Rimmel International Ltd, 17 Cavendish Square, London W1M 0HE, claim to be leaders in unit sales of nail lacquers, lipsticks, eye liners, shapers/blushers/highlighters bought in shops. They are spending more money on advertising than ever before with 39 double page and 20 single page full colour advertisements in women's magazines until the end of December.

Valpak's changed face

Blue and white packaging and display material with the name Valpak in blue and yellow is being introduced for sachets and tubes of the cream beauty mask. The new presentation is being supported by a £100,000 advertising campaign on Radio Luxembourg and in the teenage Press this year. During the sell-in period Reckitt Products, Reckitt House, Stoneferry Road, Hull are offering £0.15 discount on three cases of sachets and tubes plus one case of tubes free with six mixed cases.

Continued on p464

The best way to increase your profit is to increase your turnover.

If you are offered a discount on a hair care display stand, remember that if the goods don't sell fast enough you will still make little to no profit.

Your Lady Jayne distributor can tell you how to make profit because he knows that our rate of sale is estimated at three times the average for all O.T.C. products.

What he'll offer you is a stand that holds over £300 worth of goods at R.S.P. in only 2.5 square feet of floor space. Goods which are the fastest selling lines from Lady Jayne - the brand leader in home hair care products.



To get your Lady Jayne display stand and find out about how to make profit in hair care contact your nearest Franchised Dealer now.

Lady Jayne - the brand leader in home hair care products.



LADY JAYNE
Lady Jayne Hair Care products from
Laughton & Sons Limited,

England & Wales:

D. J. Britton (Bristol) Ltd.,
8 Roman Road, Easton, Bristol BS5 6DH.
C. R. Crosskill & Sons Ltd.,
Calvert Works, Norwich, Norfolk NOR 79K.
C.W.S. Limited,
Handforth Road, Handforth, Wilmslow,
Cheshire.

E. Davids & Co. Ltd.,
378 Essex Road, London N1.
Estchem Wholesale Supplies,
95/97 Northmoor Road, Manchester 12.
Havards of Skegness,
160/164 Drummond Road, Skegness,
Lincs. PE25 3NS.

Macton (South Wales) Ltd.,
Unit No. 8, Glanyllin Sq, Taffs Well, Cardiff.
George Mitchell & Co. Ltd.,
80 Elswick Rd, Newcastle-On-Tyne NE4 6JJ.
East Midland Toiletries Ltd.,
8/10 Easthorpe Street, Ruddington, Notts.
Murrays,
Speedwell Close, Chandlers Ford Ind. Estate,
Eastleigh, Hants. SO5 3YN.

Dennis E. Riches,
29/31 Malvern Road, Hornchurch, Essex.
Rotherham & Company,
214 Alcester Road South,
Kings Heath, Birmingham 14.

Sherlock Bros. Ltd.,
355/357 City Road, London EC1.

A. L. Simipkin & Co. Ltd.,
3 Hunter Rd, Hillsborough, Sheffield S6 4LD.
Supervite (London) Ltd.,
Second Floor, Unit 5,
25 Lattimore Road, St. Albans, Herts.

Unichem Limited,
Crown House, Morden, Surrey.
Vernon Powell Limited,
Verona House, 54 Selsdon Road,
South Croydon, Surrey.

Wains of Tunbridge Wells,
Culverden Square, St. Johns, Tunbridge Wells,
Kent.

Western Trading Co.,
32A Allenbank Crescent,
Off Whitchurch Road, Cardiff,
Williamson & Co. (Cornwall) Ltd.,
Redruth, Cornwall.

Scotland:
Aberdeen Chemists Sundries,
17 St. Nicholas Street, Aberdeen.
Wm. Davidson Limited,
West Tullos Ind. Estate, Aberdeen AB9 8BE.
Fernan (Sundries) Limited,
Springkerse Estate, Cunningham Rd, Stirling.

Jan-Kraft,
87 Candleriggs, Glasgow C1.
Wm. Knotts (Ayr) Ltd.,
1 Carrick Road, Ayr.

Hugh Reynolds (Chemist Sundries) Ltd.,
10 Whitehouse Loan, Edinburgh EH9 1AX.

Northern Ireland:
S. Haydock Limited,
Jennymount Estate,
19/25 North Derby Street,
York Road, Belfast BT15 3HR.
D. L. Kirkpatrick & Son Ltd.,
246B Newtownards Road, Belfast 5.
H. Mitchell & Co. Ltd.,
Boucher Road, Belfast.

Trade News

Continued from p462

Christmas Stowaway and Denim

Elida Gibbs Ltd, PO box 1DY, Portman Square, London W1A 1DY, have introduced Christmas gift packs for their Stowaway range, including three new talcs to complement each of the fragrances—sleepy lagoon, dawn flight, and Orient express. The gift packs are silver-coloured and the talcs have silvery containers with black tops and labels. There are gift packs of talc and perfume spray (£1.80) or the perfume sprays alone (£1.20). A concentrated burst of television advertising on all stations will start in November.

Five different Christmas gift packs for Denim are available and a television commercial featuring them will be shown nationally from the end of November.

Lucozade's campaign

The £200,000 national television campaign for Lucozade, running through autumn and winter, now illustrates adult usage. A second advertisement will run in rotation with the "footballer" with a child recovery theme which Beecham Foods, Beecham House, Great West Road, Brentford, Middlesex have shown since September 6.

Braun display material

A wide range of display material for the pre-Christmas period is offered by Braun Electric (UK) Ltd, Mill Mead, Staines, Middlesex TW18 4UQ.

Two showcards will be available—the first combining a showcard and "Win a weekend in Monte Carlo" competition entry form dispenser. Competitors have to study the personalities shown on the boxes of the HLD5 hairstyling set and the HLD51 manstyler and choose an ideal weekend for them. The winner receives a weekend for two in Monte Carlo with £100 spending money, 100 runners up are

The Christmas gift outfit, for the Instamatic 56-X camera (£11.47) from Kodak Ltd, PO box 66, Station Road, Hemel Hempstead, Herts. The pack—which includes camera, wrist strap, flash cubes, film, zip pouch and "photo tips" booklet—is designed to reveal the contents (see C&D, September 25, p378)



awarded "his'n' hers" towelling bath robes with matching hand and bath towels. A second showcard, with a "Power goes to your head" theme, features the HLD1000.

Also available will be "As seen on TV" arrows which can be attached to the boxes of the products being featured in Braun's television advertising campaign—the curl control DLS20; the Synchron Plus and the HLD50 hairstyling set. An orange display stand for the Synchron Plus shaver angles the product for easy display.

A new square, orange vinyl travelling case for the Lady Braun cosmetic shaver has replaced the round one.

Winalot apron offer

A PVC apron offer is introduced nationally on all four sizes of Winalot by Spillers Ltd, Old Change House, Cannon Street, London EC4M 6XB. The apron can be obtained by returning an on-pack coupon and £1.25. Promotional pack displays and point-of-sale material are available.

Dextrosol's marketing strategy

Dextrosol "could soon be making a bigger impression on the analgesics shelves in grocery outlets," according to CPC (UK) Ltd, Claygate House, Esher, Surrey KT10 9PN. The product has been repackaged with a stronger label and packed in smaller cases containing 24 single sticks. Previously the product has been sold mainly through pharmacies, but research shows that house-

wives are the main users and not sportsmen, as was previously thought.

"A new marketing strategy for the product has been developed," says product manager, John Braddell, "and a strong advertising campaign in the women's Press will begin in the new year to emphasise the benefits of Dextrosol as an energy sustainer."

Kleenex for men repackaged

A radical change in packaging design for Kleenex for men tissues has been announced by Kimberly-Clark Ltd, Larkfield, near Maidstone, Kent.

The change is to what is described as a subtle, distinctive geometric design in black and gold, the result of nearly a year's development and consumer tests. A contrasting panel on the front in red, white and black gives the description "100 Kleenex for men tissues extra large", and tissue dimensions are given on the back. Kimberly-Clark claim brand leadership with 36 per cent of the mansize facial tissue market, and are backing the new pack with a national television advertising campaign commencing on November 8.

Bonus offers

Wellcome Foundation Ltd, Temple Hill, Dartford, Kent DA1 5AH. Activated syrup, Para Hypon tablets, Macdonald's cotton wool, Saxin, Medicare, Certor bottles and labels, during October and November.

Shopfitting round-up

Gibson, Lea reorganisation

A major reorganisation including the formation of a new management team by G & L Shopfitters has been accompanied by a change of name to Gibson, Lea & Co Ltd. New senior staff appointments have also been made. The company, whose headquarters, showrooms, workshops, etc, are at The Elms, Colwick, Nottingham NG4 2FW, offers a management and contracting service in the specialised fields of building and shopfitting. Planning facilities provided include viability studies, concept proposals and cost plans, taking into account such variables as merchandise layouts and customer-flow patterns.

In addition to the bespoke shopfitting service, the company is also sole UK agent for the German Storebest modular shopfitting system, claimed to be the most comprehensive in the world. Two recent additions to this range are the Basic Plus and Super Heavyweight racking systems for retail and stockroom use.

Anti-bomb curtaining

A new polyester net security curtaining designed to stop flying glass resulting from explosions has been introduced by Volumatic Ltd, Taurus House, Kingfield Road, Coventry.

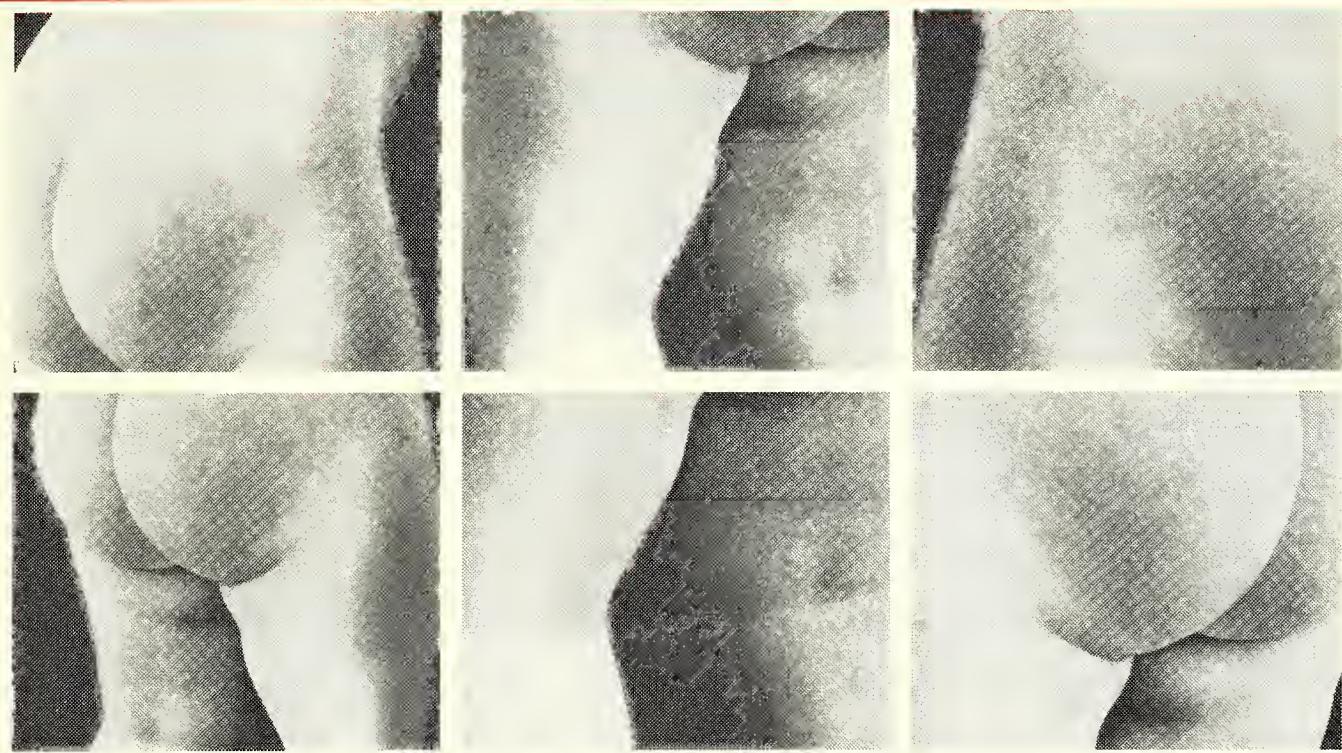
Developed in conjunction with Filigree Textiles Ltd of Nottingham, the net curtaining is designed to have a dense knit, and it is available in do-it-yourself kit form including made-to-measure curtaining, heading, curtain rod, lead weight,

fixing screws and base box. A slotted heading to the curtaining houses a 5/8in aluminium curtain rod which in turn is supported by thimble type brackets at each end. The bottom hem of the curtain contains a flexible lead weight.

When installed it is recommended that the curtain has a minimum of 100 per cent fullness and that it is longer than the glazed area in accordance with a set scale. Extra material is contained in a window box supplied, which is fixed at sill level or floor level. For maximum effectiveness the curtain should be installed as close to the window as possible and not more than 4in from the glass and cover the width of the window without a break. The curtain rod should be supported every metre length of rod with hooks.



Babycare



Have you a tender spot for Metanium?

Some nappy rash products soothe.
Others protect.

Metanium is specially formulated to
do both.

Metanium contains a silicone base. This
acts as a water barrier to protect the baby's
sensitive skin.

It also contains the right balance of

titanium salts to absorb urine and promote
rapid healing.

Because Metanium has been clinically
shown to be an exceptionally successful
treatment for nappy rash, it is widely
recommended by health visitors.

They've got a soft spot for it.

Your spot for Metanium
is on your shelf.

Metanium for Nappy Rash.



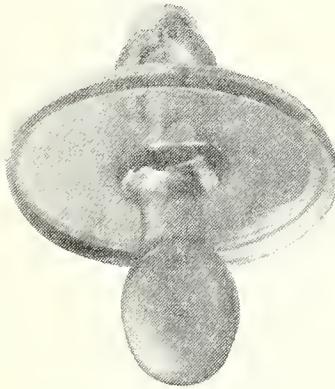
He'll tell you why these soothers conform to the new British Standard.

Because Griptight are the only soothers that conform to his standards.

He may not be able to explain the technicalities. But he's found that they're comfortable, safe, and after much determined use, extremely strong.

His mum is also delighted with the safety,

hygiene, reliability and strength of Griptight soothers. All of which show why Griptight Hushmaster, Orthodontic and Flexi-ring are produced to the new British Standards and set a new level of soother safety.



Griptight Hushmaster.
Revolutionary all rubber one piece soother.
With better mouthpiece, extra large shield and new handpiece. Soft yet strong.
And because it can be boiled—very hygienic.



Griptight Orthodontic.
Scientifically designed to improve palate development, help breathing and prevent colic. Can be boiled and still withstand a pull of 14lbs.



Griptight Flexi-ring.
With new miracle hinge. Virtually unbreakable, the hinge has been tested to withstand 50,000 flexes. Pure latex teat takes a 22lb. pull even after repeated boilings. The Flexi-ring is also available as a rattle soother.

Griptight Soothers

Stock and sell Griptight, the soothers that protect your good name and your profits.

Order now from your usual wholesaler—and don't forget the other Griptight products: Freflo Teats, Freflo Bottles, Sof'down and Super Sof'down Disposable Nappies and Sof'down Tiepants.

Lewis Woolf Griptight Limited,
Home Sales Department, 144 Oakfield Road, Selly Oak,
Birmingham B29 7EE. Tel: 021-472 4211. Telex: 338666.

BABYCARE

Regulation of baby's bowels

by Penny Stanway, MB, BS, LRCP, MRCS

A newborn baby's bowels contain amniotic fluid swallowed *in utero*, cells shed from the lining of the digestive tract and some digestive juices and organisms. The first stools produced are different from any other—they are dark green, sticky and paste-like in consistency and are called meconium. The first stool is a welcome sign proving that the infant's bowel works and has no obstruction.

For the rest of the baby's life the gut will contain food, some undigested and some partially or completely digested, together with cells shed from the gut lining, digestive juices and bacteria. The digestive juices produced alter both in amount and composition as the baby grows, enabling more foods to be digested for growth and maintenance of the body. The unborn baby is already making enzymes capable of digesting carbohydrates but many of the various enzyme systems take time to become fully functional. A baby born prematurely may be unable to cope with the digestion of the lactose in milk because the enzyme system responsible may not have matured sufficiently.

Similarly a young infant may not cope properly with fat and starch as only small amounts of lipase and amylase are made by the pancreas in the first few months.

Antibody absorption

A relatively new and exciting discovery has been that young babies are able to absorb large molecules of protein directly through the wall of the intestine. This means that a breast-fed baby can absorb antibodies present in the mother's milk and partly explains why breast-fed babies are less likely to suffer from infectious diseases like gastro-enteritis and respiratory infections. It also means that other protein molecules may be absorbed from food and it is thought that this mechanism may be the basis for the development of allergy to cow's milk protein and possibly to other proteins in food.

The time taken for food to pass right through the digestive tract varies according to the type of food and the individual baby. Milk protein can take anything from eight to 24 hours to pass through. Casein, the protein present in higher amounts in cow's milk than in breast milk, stays in the stomach much longer than the other milk proteins. If there is any infection or disorder of the bowel lining the contents of the gut often pass through much more quickly than normal. This is known as "intestinal hurry".

The concept of what is normal for a baby's motions is a vexed one as babies

differ so much from each other. A breast-fed baby has stools which are unformed. They are usually yellow but occasionally green and are passed at highly variable intervals. It is not uncommon for every nappy to be dirty, especially at first, though later the stools become less frequent and may only be passed every few days. The good thing from the mother's point of view is that the stools don't smell! If a mother seems worried about the frequency or otherwise of the stools, providing the baby is well it is easy to reassure her that she is giving the baby the best diet and there is absolutely no need to worry or give the baby anything to bind the bowels or loosen them.

If a baby is bottle-fed—or even if it is breast fed but has a small amount of cow's milk—then the stools are firmer, passed less frequently and often smell unpleasant. They are also paler in colour and more bulky. A common complaint is that the baby is constipated (see below) but careful questioning rarely reveals a condition requiring treatment.

When solids are introduced the stools again change. Sometimes food is recognisable in an undigested state, such as tomato skins or bits of carrot. The stools

are nearly always smellier and there are more of them.

If asked to advise a mother about the ideal diet for her baby, there is only one correct answer. She should give her baby nothing else but breast milk at least for the first four to six months and solids should not be introduced before then. There is a swing back among the general public to breast feeding, mainly because of fashion but influenced strongly by recent research findings and anything the pharmacist can do to encourage this will be worthwhile. Modified cow's milk preparations are second best for the baby of under four months.

The British as a nation are very concerned about their bowels but the mother of a young baby is especially so, probably because it is she who has to deal with the results! Her main concerns will be constipation and diarrhoea and the diagnosis and treatment of both of these conditions can be quite difficult.

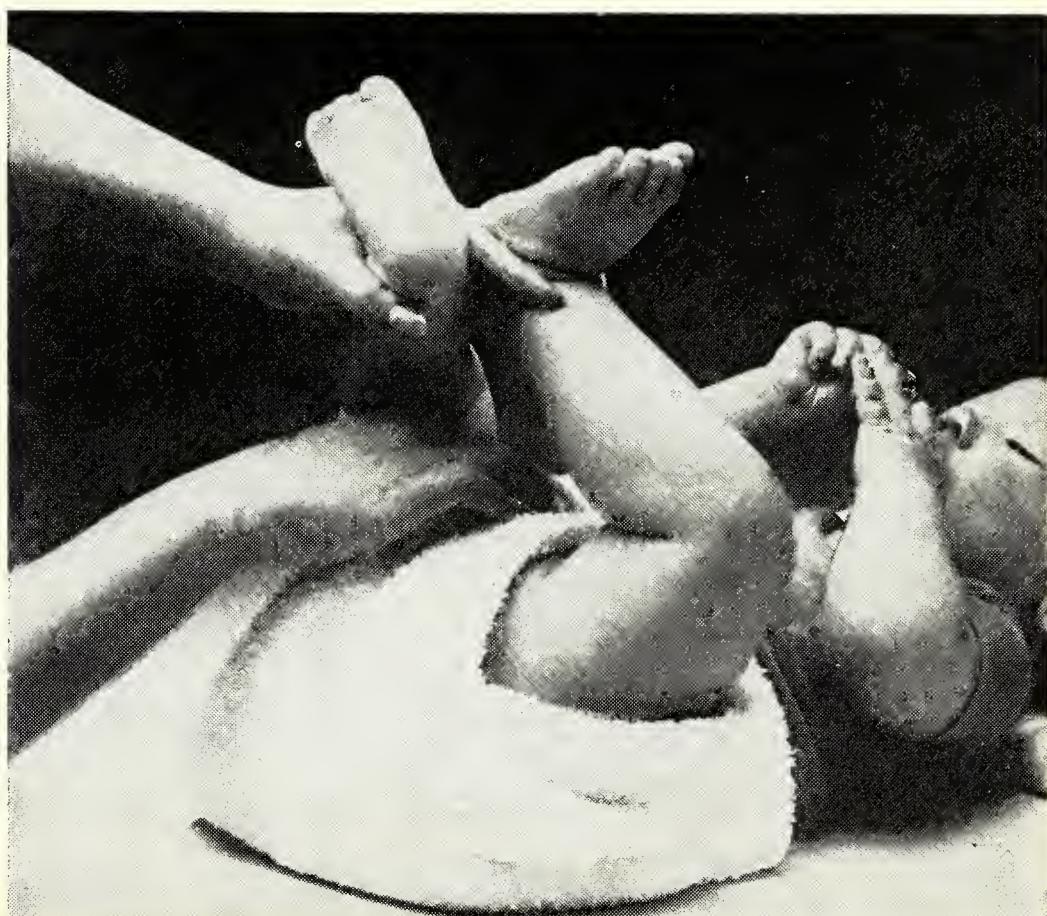
Constipation

"Constipation" is a problem to define and means different things to different people, so the first thing to do is to ask the mother exactly what she means by the term. In general constipation is never a hazard in a completely breast-fed baby; digestion of the mother's milk may be so perfect that there is scarcely anything to be passed except tiny amounts of shed intestinal cells. The only proviso here is that absolute constipation may be a sign of serious illness such as a block somewhere in the intestine. The baby in this case, however, would show other signs of illness and should be seen by a doctor.

In a bottle-fed baby or a baby on solids as well as milk, the first thing to

Continued on p468

Illustration courtesy Milton Milgard



Baby's bowels

Continued from p467

determine is the frequency of the passage of stools, whether there has been any change in that frequency and whether the baby has difficulty in passing them. In a baby on cow's milk alone, difficulty in passing stools may be eased by giving more water. The intestinal contents of bottle fed babies tend to pass through the bowel more slowly than those of breast fed babies, so allowing more water to be absorbed by the colon and making the stools more sticky and hence difficult to pass.

Advising the mother to add sugar, whether brown or white, to the milk is not a good idea. Sugar is not a normal component of a young baby's diet and will make the baby plump if given in large enough amounts. Also if the baby already has teeth, the sugar will increase the likelihood of their early decay. Sugar acts by retaining water in the bowel, so making the stools softer. Extra water should do the trick just as well.

The constipated baby who is having solids as well as milk is usually not eating an ideal diet. Baby food as prepared by commercial companies is over-refined and contains little of the dietary fibre that is so necessary for correct bowel function. Food prepared at home may similarly be lacking in fibre, as the peeling, cooking and sieving of fruit and vegetables and the use of refined cereals and flour and white bread all remove the valuable fibre from the food. When the baby is old enough for solids (four months at the earliest) then he is also ready for unrefined food which means unrefined, wholewheat cereal, flour and bread and fruit and vegetables prepared whenever possible with their outer layers intact. The addition of dietary fibre (or rather its replacement) to a baby's food will nearly always bring about a softening and increase in frequency of the stools. A young child fed on a high-fibre diet will never be constipated.

Diarrhoea

Diarrhoea means a change in the consistency of the baby's stools to a much softer, often watery type. The colour is immaterial but the smell is usually foul and the stools are passed much more often than usual.

Diarrhoea is potentially dangerous as the infant can lose large quantities of fluid and electrolytes from the bowel, especially if vomiting is also present, so unless the baby is drinking well and is not vomiting the pharmacist should refer the mother to the doctor without delay. Prolonged diarrhoea should also be investigated by the doctor.

Breast-fed babies hardly ever get diarrhoea—this is solely a problem of bottle-fed and weaned babies. The most common causes in young babies are diet, gastro-enteritis and infection outside the alimentary tract.

Dietary causes include too much sugar, fat and orange juice—though some babies always manage to cope

with these foods without trouble. Occasionally a mother will complain that her child has diarrhoea if she can see particles of undigested food in the stools. Common culprits here are tomato skins, grape skins, whole-grain rice and carrots. There is no need to alter the diet as it is quite normal even for adults to pass some undigested food at times. The fibrous part of the food often passes through the bowel relatively unchanged yet still performs a useful task on its way through—it stimulates bowel action and removes various harmful substances from the bowel.

Gastro-enteritis is commonly associated with vomiting and may be caused by infection with *E. coli*, *Salmonella*, *Shigella* or one of the ECHO viruses, among other organisms. Treatment should be recommended by the doctor who will almost certainly arrange for specimens of the stool to be cultured first.

Infection elsewhere such as middle ear infection, tonsillitis, cystitis and measles can also cause diarrhoea, so if the baby seems generally unwell, the best plan is for the doctor to do a thorough examination and then treat the underlying cause.

Chronic diarrhoea can be caused by several conditions, among them coeliac disease, disaccharidase deficiency and cystic fibrosis. The diagnosis of any one of these may be difficult but should be suspected in a child who is failing to gain weight satisfactorily and has pale, bulky, offensive stools.

Medicines

Little mention has been made of medicines for the treatment of "simple" constipation and diarrhoea. There would seem to be no rational argument for their use in almost any circumstance, except possibly as a short term placebo for the benefit of the mother. Constipation can nearly always be satisfactorily prevented by suitable dietary measures and the use of laxatives is inadvisable, mainly because of the high risk of the mother coming to rely on them.

"Binding" medicines such as kaolin for diarrhoea may make the child more pleasant to be with but are in no way curative and may obscure the fact that the child is still not well. More serious cases of gastro-enteritis are best coped with in hospital by strict dietary regimes and occasionally with antibiotics and chemotherapeutic agents.

The role of the pharmacist in helping the mother of a child with constipation or diarrhoea is to make sure that she takes the child to the doctor if there is the slightest doubt over its cause. Informed advice about infant feeding is useful only if it is informed. Casual recommendations of various preparations of cow's milk and refined cereals for example will not help the mother to do the best for her child. Mothers will have less to worry about if they take a leaf from the textbooks on childcare of the turn of the century and breast feed their children for long periods, gradually introducing unrefined solid foods at about six months. A baby brought up in this way will be highly likely to reach the six-month stagepost never having suffered from constipation or diarrhoea.

Heinz add a 'gluten-free' symbol

H. J. Heinz are shortly to introduce a more comprehensive range of gluten-free baby foods—and will be indicating the varieties with a special symbol on the labels.

This, they say, is part of their continuous programme of helping mothers cope with all kinds of dietary problems among infants. The company use a varied selection of ingredients in their products—vegetables, fruits, meats, fish, cereals and milk—and while individual varieties are not necessarily nutritionally balanced in themselves, the object is to provide a range of varieties from which a mother will achieve, with milk, a balanced diet for her baby.

The Heinz range caters for many of the dietary problems associated with infancy, but first a few general points concerning formulation. After an in-depth programme of research, Heinz, in October 1974, became the first baby food manufacturer to cease adding salt to their complete range. Ferrous sulphate is added to meat and fish varieties to bring the level of iron to a minimum of 2mg per 100g of product. However, ferrous sulphate is not added to products containing both meat and eggs since egg proteins can be shown to inhibit intestinal absorption of iron.

No product in the range has an energy content greater than 100kcal per 100g (418kJ per 100g); sugar is not added to savoury products and in dessert varieties the minimum is used to produce an acceptable flavour. The premium range of savoury varieties contains a minimum of 3.1 per cent protein; the protein sources are numerous and a significant

Continued on p471



When they're smiling...

....mum's smiling too.

When children are teething they don't tend to smile much. Nor do they sleep well. Which means that mum doesn't either.

The ideal treatment for painful infant teething is Bonjela.

Bonjela contains Choline Salicylate a powerful, fast acting analgesic to soothe away pain. It also contains Cetalkonium Chloride, a wide spectrum antiseptic. As well as reducing any secondary infection, Cetalkonium Chloride lowers surface tension allowing the analgesic quicker access to the painful mucosa.

In most cases Bonjela soothes away pain in 1-3 minutes and the relief lasts for up to 3 hours.



That's why we call it

**The
3-minute
smile**

 Further information is available from: Lloyds Pharmaceuticals Ltd.
A member of Reckitt & Colman Pharmaceutical Division, Hull.

Preparations containing aspirin should not be given to babies during treatment with Bonjela.

Product Licence No. 0107/5002



Ostermilk Complete Formula. The bottle feed for breast-fed contentment.

Ostermilk Complete Formula has been developed by doctors and nutritionists so that the protein and mineral levels are closer to those of breast milk than traditional milks. Clinical trials have proved that in comparison with traditional milks, babies fed on Ostermilk Complete Formula are more contented, are satisfied for longer periods between feeds, suffer less from regurgitation and severe wind and are less likely to have loose stools. Also there is a considerable decrease in napkin rash.

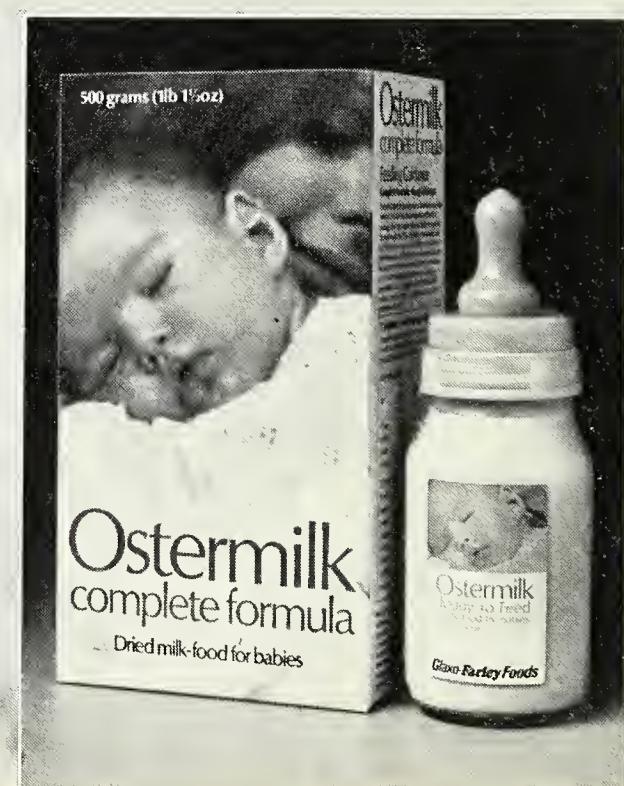
In addition, the lower phosphorus content virtually eliminates the risk of hypocalcaemia and possible neonatal tetany. The low solute* content reduces the risk of hypernatraemic dehydration. And the presence of maltodextrin as the major carbohydrate helps to avoid the problems of transient, induced lactose intolerance.

For hospital use, Ostermilk Complete Formula is available as Ready-to-Feed milk-food for babies. This system provides individual sterilized feeds in disposable glass bottles. Consequently, nursing staff spend less time with preparation and are more free to care for mothers and babies.

Out of hospital, Ostermilk Complete Formula can be recommended right through until the end of weaning in a powder form which can be mixed easily and quickly in the bottle, without the need to add sugar.

Ostermilk Complete Formula.

Modified milk-food for babies of all ages.



*The sodium level of Ostermilk Complete Formula is 31mg per 100ml as fed.

BABYCARE

Gluten-free symbol

Continued from p468

proportion is animal in origin. All fruit and pure vegetable varieties contain a minimum of 15mg vitamin C per 100g.

Coeliac disease. A condition involving sensitivity to gluten in wheat, rye and other cereals which is thought to be occurring more frequently among infants—in approximately one baby out of every 800. A coeliac infant will make normal progress on breast or bottle but when the above-mentioned cereals are introduced during weaning, vomiting, diarrhoea, loss of weight, irritability and listlessness can occur. As well as the exclusion of all wheat, rye and their by-products, it may also be necessary to omit oats and barley, although the effect of these is still not completely clear.

Some gluten-free products are available on prescription and the Coeliac Society offers a number of special recipes which can be prepared at home. Pharmacists may wish to pass the address onto customers with a coeliac child—The Coeliac Society, PO box 181, London NW2 2QY.

To help mothers of coeliac children Heinz have considerably increased the number of gluten-free varieties by reformulating the recipes of some existing products. These can be identified by a special symbol—an ear of wheat crossed through, which will be produced on the appropriate labels. (Since no other brand displays the symbol Heinz are claiming to be "trail-blazers" once again.) The company says pharmacists may reassure others buying gluten-free baby foods that the protein content is as high as in comparable varieties containing gluten, and that they are suitable for all children—coeliacs and non-coeliacs alike.

Products displaying the gluten-free symbol will be available on the shelf soon after Christmas. However, many gluten-free varieties not carrying the symbol will still be available and are suitable for coeliac diets. These should be checked from the Heinz list of gluten-free varieties.

Galactosaemia. There are about one in 10,000 infants suffering from this deficiency of galactose-1-phosphate uridyl transferase, the enzyme necessary for the conversion of galactose to glucose. The disease needs a completely galactose-free diet. Milk substitutes must be used and other foods such as soya or legumes are not permitted. Heinz cater for this dietary problem with an extensive range of strained and junior foods, savoury and dessert in cans and jars.

Phenylketonuria. This affects about one in 7,000 infants and is caused by a deficiency of phenylalanine hydroxylase. In untreated persons phenylalanine accumulates in the tissues and can cause brain damage. Treatment consists of carefully

controlling the phenylalanine level in the diet by using a synthetic protein substitute. Since phenylalanine is essential for normal growth and development it cannot be completely removed from the diet but the intake has to be carefully controlled so that the blood level is maintained within acceptable limits. To assist this controlled intake the Heinz low protein baby foods all have a protein content of less than 1 per cent.

Allergies. The most common allergies among infants and young children are to milk and egg protein. A wide range of symptoms have been observed some of which may cause great distress to a mother. If a milk protein allergy is diagnosed, a milk substitute in which milk protein is replaced by soya protein must be used. No milk by-products such as cheese or yogurt should be given. Egg-

free diets should exclude cakes, biscuits and egg noodles in addition to eggs. Heinz have a most comprehensive range of baby food varieties suitable for these and other allergies.

Hypercalcaemia. This is a rare condition which may occur around five to eight months. It is essential that a low calcium diet is followed with an intake of no more than 150 mg per day and vitamin D supplements should be excluded from the diet. The Heinz low calcium baby foods contain less than 20mg calcium per 100g.

Lists of varieties are available to customers from Susan Baxter, Baby food advisory service, H. J. Heinz Co Ltd, Hayes Park, Hayes, Middlesex UB4 8AL. Pharmacists can also obtain from this address the most up-to-date nutritional data on Heinz varieties and the conditions for which they are suitable.

The use of cereals in infant feeding

by Dr A. R. N. Gorrod, nutritional adviser, Robinson's Baby Foods

For many years cereal foods were the first solid food which a baby would receive in addition to milk. One of the earliest of such cereal foods was Robinson's Patent Barley, first made in 1823. Apart from its simple food value, Patent Barley has the advantage that its starch content has the ability to interact with the protein of whole cow's milk, so minimising the size of the clots formed in a baby's stomach. This has the effect of making the milk more digestible. However subsequent progress in the design and production of baby milks has considerably limited this need for Patent Barley—and furthermore, because of the risk of relatively uncontrolled overfeeding, the addition of cereals to milk in feeding bottles is no longer recommended.

Undervalued

The design of baby cereals has changed greatly, but judging by some of the critical remarks which appear it would seem that their present nature, purpose and value are not correctly appreciated. For a start, modern cereals are pre-cooked, which makes their preparation in the home simply a matter of mixing with warm cow's milk, or proprietary milk products, while if looked at carefully they will be seen to be nutritious foods.

Ideally baby cereals serve as the first step in progressing the baby from a milk-only diet to adult foods. Through being bland in flavour this step involves only the minimal change in taste from the milk to which a baby is accustomed, but it does introduce a baby to texture—in this case soft and smooth. One of the principles of weaning is that any change should be slight and gradual, a description fitting the introduction of cereals exactly. Later, cereals may be used very appropriately either alone or with fruit in the manner of porridge, or as a dessert.

It is officially recommended that cereals should not be introduced into the diet before four to six months of age, as with other solid foods.

Modern baby cereals are based on any one or more of the generally-available grains—wheat, barley, oats, rice, maize, rye and millet—though the last two are not common ingredients. Because a high fibre food is not regarded as suitable for young babies, it is normal to use comparatively low extraction rates in the milling processes, but not so low as to reduce the amount of cereal protein unnecessarily.

The great majority of the products have as their second component skimmed milk—a valuable source not only of milk protein (which effectively makes good the imbalance of amino acids in the cereal proteins) but also of nutritionally significant amounts of vitamins and minerals. The actual amount of skimmed milk included varies greatly between manufacturers and between particular varieties of baby cereals, depending on the type of product. With no added skimmed milk the protein content of the total product is usually about that of the cereal alone (8-12 per cent) whilst when added, the protein content for normal baby cereals is about 10-14 per cent.

There are other products with even higher protein contents. Typical of these are Farlene with 25 per cent and Robinsons' protein baby food with 28 per cent, but in these products protein is also provided from other sources such as eggs, cheese, and starch-reduced wheat flour.

Each of the various grains used in baby cereals contributes its own characteristic flavour to the food so that use of several varieties provides the variation which is so important to a baby when starting on

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*Independent Consumer panel

BABYCARE

The role of cereals

Continued from p471

solids. The flavours are, however, very mild and baby cereals are generally regarded as bland. Manufacturers differ in what they do about flavour. Some products are left with just the cereal and milk whilst a large range of other foods may also be included, such as sugar, malt extract, honey, eggs, fruit, cocoa and nuts.

The final group of materials included in baby cereals contains all the substances necessary to provide vitamins and minerals. The additions can include iron, calcium, phosphorus and vitamins A, C, D and the B group. Again, which and how much of the various fortifications is the choice of the individual manufacturers in most instances.

Baby cereals represent a major source of vitamin D in a baby's diet and for this reason there is an official recommendation on the quantity. Since 1957, when it was considered that the daily intake from the total diet could become marginally high, the maximum amount in cereals has been kept at 200 iu per ounce.

Present-day considerations of infant feeding are concerned not only with ensuring that babies receive sufficient of particular nutrients but also that they do not receive too much of certain items. In particular the mineral content of foods is now carefully controlled and especially the sodium content. The ideal has been taken to be the level found in breast milk, for which the sodium content is on average 230mg per 1,000 calories. Baby cereals are around this value, typical figures being 30mg for plain cereals and 300mg for those with skimmed milk included.

Protein advantage

It is often claimed that cereals are fattening, presumably because they contain starch, which in quantity is the major component of the natural grain. However, the above facts should show that modern baby cereals are much more than just starch. Even without the addition of skimmed milk the protein content of these foods is only just below the minimum level (8 per cent of calories) recommended for the whole diet at three months, whilst those including this valuable ingredient have up to 14 per cent protein calories and provide ample. At later ages the recommended level is reduced to only 6.6 per cent, thus putting the cereals in an even more advantageous position.

With any nutritious food, feeding too much will make a baby fat and baby cereals are no exception. The intake, as of the total food, must be regulated to ensure that a baby receives only as much as is needed for healthy growth. Apart



Illustration courtesy Robinsons Baby Foods

from breast milk, it is so easy to give too much food and this is one of the reasons why cereals or any other solids should not be given before four months.

By not starting solids too early, it is also possible to guard against exposure to gluten. This has recently become increasingly important because it appears that more babies were showing signs of sensitivity to this protein group—the condition of coeliac disease. Gluten is the fraction of wheat which confers on

this cereal the qualities necessary for dough making, and the same or similar group of proteins is also present in lesser amounts in oats, barley and rye. It is uncertain whether early exposure to gluten actually causes the sensitivity, but if there is to be reaction it is obviously better if any adverse response is delayed until the baby is more developed and the effects, which include general malabsorption, can be more safely tolerated. From the list of cereals containing gluten it is apparent that two common varieties are safe in this respect, namely rice and maize. By not adding skimmed milk to the cereal, the Robinson product baby rice and Milupa rice cereal are not only suitable for diets needing to be gluten free but also for those requiring absence of lactose and milk proteins.

During the period when very early introduction of solids into baby feeding was common there was much discussion regarding the age at which starch could be digested. If the present recommendations are followed and cereals are not started before four to six months of age this problem is irrelevant because the body's digestive system is well adapted for this process by then. The manufacture of baby cereals, as stated at the beginning, involves cooking the flour and whilst this could result in dextrinisation the extent of any such change is very slight. However, partly for organoleptic reasons and partly for digestive reasons, some products include dextrinised starch, that is, starch which in effect has been partly digested.

When considered carefully, then, it is apparent that baby cereals provide suitable foods for the time when a baby needs that little more than milk alone. Their composition generally includes ample protein with vitamins and minerals for healthy growth, and overall they represent a good source of energy for the active baby. Correctly used, cereals afford nothing but benefit.

Dry foods save mothers money

The price of foodstuffs is making people aware of the advantages of dry products (which can be used for several servings at different times) over those in jars or tins which may have to be consumed at a single sitting, says Trevor Bell, managing director of Milupa Ltd. This is particularly so in the case of infant foods where dry foods are clearly the growing section of the industry. "Milupa's sales have increased by leaps and bounds in what is generally a quiet market at present, which we put down to mothers' desire for the economy offered by multiportion packs." The products are non-waste and provide a good variety; the Milupa cereals are good starters for savoury foods, says Mr Bell, allowing infants to progress on to desserts rather than the other way round.

Since its introduction into Britain, the Milupa range has concentrated on chemist sale because of mothers' confidence in the pharmacist's advice—"it is only where we are unable to obtain chemist distribution that other outlets

would be considered". With chemists particularly in mind, the company is building up its promotional activity with "massive" sampling to mothers; advertising in all the baby books; an advisory service (which recommends purchase from a pharmacy); promotion to mothers with infants of all ages through the medium of Butlins holiday camps. This summer Milupa have for the first time, taken over Butlins baby shows and given prizes (and samples) in three age categories, up to three years. This promotion has now reached the 100 mark.

Recent additions to the Milupa range are two new varieties in the "infant" series—banana and honey, and orange and honey, both said to be flavours repeatedly requested by mothers. Also new is Milupa rice cereal, prepared from ready-cooked rice flakes; this cereal contains no added sugar or salt and no wheat gluten, making it suitable for coeliac children. For display, Milupa offer a window sticker said to be well suited to the smaller chemist outlet.

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BABYCARE

The choice of milk food

by Jane Griffin, nutritionist, Cow & Gate Baby Foods

In Elizabethan times, practically the only means of nourishing a young child was by breast feeding. Feeding bottles had not been invented, artificial foods were limited to bread pulse—and cows' milk was never mentioned in the context of infant feeding. The only choice was between mother or wet nurse for suckling the infant. In the 15th century it was common for a baby to be breast fed until he was two or three years old.

Though many infants died in the 16th century, artificial feeding was still not practised. Filthy streets, overcrowded houses, decaying refuse in the living rooms all made artificial feeding impossible. This situation continued through the 17th century with the wet nurse becoming more popular and the suckling period falling to two years. The golden rule was that "the child must not be weaned before it has all its teeth". (Superstition also advised against weaning if the moon was on the wane.) First "pape" and chicken broth were introduced followed later by bread, milk and "pulse boyled".

In the 18th century the tendency was even more to supplant the mother by the wet nurse and the next stage began to emerge where the wet nurse was replaced by using some food other than human milk. At last artificial feeding was gaining a recognised place side by side with breast feeding, and later as its substitute. By the end of the century doctors were realising the necessity of artificial methods and the need to find the milk most like breast milk.

The conclusion was that cows' milk was best suited to average children but that ass's milk should be used for "tender infants or when cow's milk sets up purging". Women were encouraged to boil the milk and dilute it with barley water. Weaning at the start of the century took place at about 20 months. Pap, made by boiling together bread and water, was sweetened with Lisbon sugar. By the end of the century, weaning was at 12 months and rice and semolina were used increasingly as weaning foods.

Proprietary foods

The 19th century saw some important developments with the acceptance of the principle of artificial feeding. This led to a demand for special foods suitable for infants and trade in proprietary foods. Hand in hand with this was the invention of the sucking bottle, best described as a kind of "pocket wet nurse"—and thus her most serious rival yet. Although artificial was accepted, there was still widespread objection to boiling milk and the foul conditions of milk supplies, especially in large towns, highlighted the need

for a safer food. Numerous articles were tried—sagomilk, arrowroot, salep, biscuits, tops and bottoms, etc. One of the first proprietary foods was Liebig's Food for Infants, a liquid consisting of milk and wheaten flour.

The next stage was to introduce a concentrated, condensed or desiccated cows' milk. In 1883 no fewer than 27 brands could be obtained, most enjoying only a short life. The prejudice of cows' milk gradually died away, feeds were boiled and the risks from not breast feeding declined. Dr Smith in 1884 wrote: "The successful rearing of infants by artificial means is not a difficult matter". The maternal breast was no longer seen as being essential to the infant; the bond between parent and offspring set by Nature was loosened.

Major developments

By the beginning of the 20th century weaning was taking place at nine months and artificial feeding reached its widest popularity. Maternal breast feeding was not only shortened but was also less frequent, now having to compete with the dried milks for infant feeding available from the beginning of the century. This situation has remained until the seventies when, for a variety of reasons, breast feeding has increased and artificial feeding has seen major developments.

Surveys from many of the developed countries show the same trends. In the USA the safety and convenience of formula feeding, plus a failure at the time to show the superiority of breast feeding, produced little active interest or promotion by doctors and the choice of feeding was very much the mother's. In the 1940s, 65 per cent newborns were breast fed; by 1958 only 25 per cent were breast fed and data from 1973 implies 10-15 per cent infants were breast fed at two months of age and only 5 per cent at six months. UK figures are similar—60 per cent of one-month-old babies in 1947-8 were breast fed, 40 per cent still at three months and 25 per cent breast fed even at 6 months. The Newsoms reported in 1963 on 700 infants in one year in Nottingham; 83 per cent were initially breast fed, 50 per cent breast fed for four weeks, 29 per cent for three months and 13 per cent for 6 months. By 1969 a survey carried out in London showed 41 per cent infants were breast fed initially and 33 per cent at four weeks. This considerable decline in the 1960s has not continued into the seventies. Campbell (1974) showed that 38 per cent of babies in Nottingham were breast fed initially.

What have been the reasons for the
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BABYCARE

Milk food choice

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decline in breast feeding particularly over the past two decades? Attitudes to breast feeding start forming during pregnancy. One survey (1974) showed that breast-feeding mothers had made their decision before delivery (81 per cent in the first trimester); 66 per cent of the bottle feeders had decided in the first trimester and only 10 per cent had not reached their decision by the birth.

Data shows, however, that there is a tendency to change to bottle feeding after birth even when the previous decision was to breast feed. Reasons for this situation are numerous. Doctors and paediatricians over recent years have gradually given up the struggle to persuade mothers to breast feed and they themselves have lost interest in infant feeding. Taitz (1974) writing in a health education journal, felt that medical students and junior staff had no basic principles of infant nutrition, some did not even know the differences between breast milk and cows' milk.

Lack of advice

Hospitals have tended to assume mothers will bottle feed their babies—breast-feeding mothers were the minority and hence a nuisance. The DHSS report commenting on the small number of breast feeders felt that "women do not always receive adequate advice and encouragement to feed their babies." *Mother and Baby* magazine invited comments from mothers on hospital attitudes to feeding. There was unanimous criticism of the support (or lack of it) during the hospital stay. Those mothers who failed to breast feed said it was due to the experiences in the first week. Those who succeeded felt it was "in spite of" rather than "because of" advice given. The main areas of criticism were uninterested, uninformed staff, rigidity of approach, too ready recourse to complementary feeds, poor or conflicting advice and general lack of encouragement and support.

Though there have been changes in the proportion of breast-fed and bottle-fed infants in the past two decades, both methods have been employed. So what influences the mother's choice? The major reason for choosing to bottle feed is the inconvenience of breast feeding which involves organising life completely around the baby. The mother's social life is limited and breast feeding is a hindrance to returning to work (very few jobs making provision for babies). Other reasons include embarrassment to feed outside the home (especially true where the husband is working class), distaste at the thought of breast feeding, mother's belief that she would be unable to breast feed either because she felt her breasts



were too small or because of the experiences of friends or relatives. Until recently mothers have felt that dried infant milks produce excellent results and some are still unaware of any hazards associated with bottle feeding. The husband's influence may also prevent a mother breast feeding.

The major reasons given for breast feeding are the "natural goodness" in breastmilk, the convenience linked with little preparation and the feeling that the mother is achieving the optimal physical and emotional health of the baby.

There are some interesting correlations between mothers who do, in fact, breast feed their babies. The survey in Nottingham showed that 67 per cent of wives with middleclass husbands breast fed initially while only 21 per cent with working-class husbands did so. This compares well with information from Oxford (1972) where 60·4 per cent of class I and II, 29·3 per cent class III and 24·1 per cent class IV and V women breast fed. Class I and II mothers also continued breast feeding for longer. Breast-feeding mothers tend to be older with a mean age of 24·1 years whereas bottle-feeding mothers had a mean age of 21·7 years.

Education

From the Nottingham survey there appears to be a link with education—"motivation by intellectual conviction" being important as a factor in choosing to breast feed. Some 90 per cent of mothers who left school at 17 or 18 breast fed, whereas only 33 per cent who left at 16 and 19 per cent who left at 15 did so; 64 per cent mothers fed their babies the way they themselves were fed and 70 per cent followed the method used by their sister or sister-in-law. Babies conceived as a planned pregnancy appear to be breast fed whereas babies from unplanned pregnancies generally tend to be bottle fed.

Why do mothers stop breast feeding? Apart from breast and nipple problems, social and domestic inconvenience and general tiredness the commonest explanation given in a survey carried out in

Cardiff was that the mother believed she was producing insufficient milk and hence under feeding her baby. Complementing the breast with the bottle does not help this situation as the stimulus for milk production is sucking.

From the 1960s there was a large increase in the number of hospital confinements and this, linked with the attitude of the hospital staff, accounts for the large numbers of bottle-fed infants. Towards the end of the decade the introduction of the prepacked sterilised feeds for hospitals further simplified hospital feeding and encouraged bottle feeding.

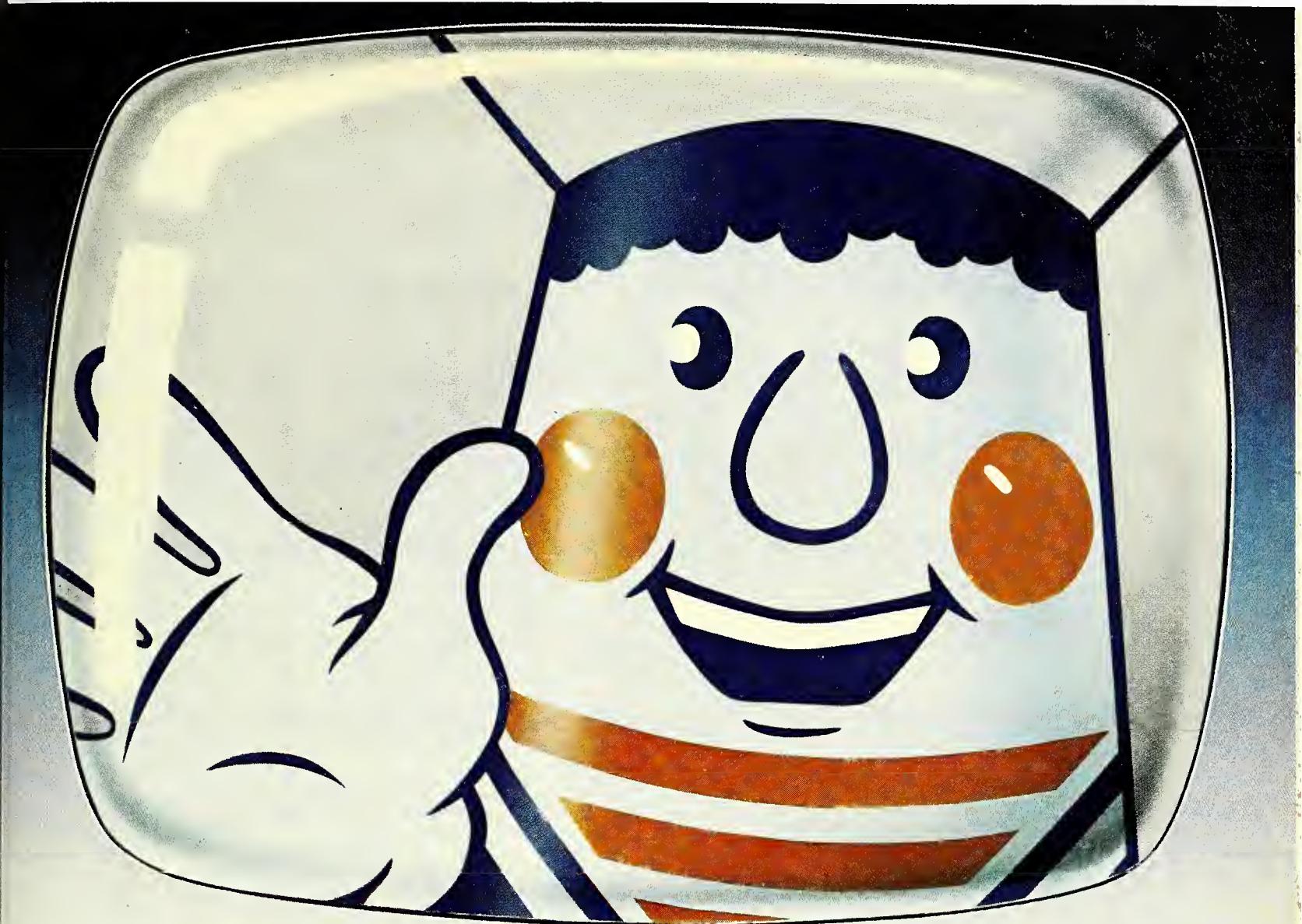
Trend reversed

Now, in the middle of the seventies, the trend is moving back towards breast feeding—certainly for the first six weeks of life. The reasons for this are not too well-defined. One major factor must have been the publication in 1974 of the Department of Health and Social Security report "Present-day practice in infant feeding". Its recommendation was "that all mothers be encouraged to breast feed their babies for a minimum of two weeks and preferably for the first four to six months of life".

It is accepted that the attitudes of doctors, midwives and health visitors play an important part in a mother's success in breast feeding. Maternity units making special efforts to encourage breast feeding report increases in the incidence. A trial carried out in Oxford showed that a change in attitude of nursing staff increased the number of mothers breast feeding their infants and eliminated the practice of giving the infants formula feed complements. The number of mothers breast feeding increased from 14 per cent to 37 per cent and the number of mothers giving complementary feeds fell from 13 per cent to 3 per cent.

However, the change of attitude did not prevent the rapid decline in lactation on leaving hospital—50 per cent who were discharged breast feeding were no longer doing so after two months. A similar ex-

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BABYCARE

Milk food choice

Continued from p476

periment in Cheltenham increased the number of mothers initially breast feeding from 45 per cent to 64 per cent.

Most recent figures show that the steady increase in breast feeding continues. An independent survey gives an increase in breast feeding initially from 34 per cent in October 1975 to 46 per cent in June 1976, with corresponding declines in bottle feeding from 66 per cent to 53 per cent. The same survey shows the trend is still towards a short period of breast feeding—and also an early switch to door-step milk.

What are the factors affecting the choice of babymilk? Many mothers when asked state that more than one person is influential in the choice she makes. The initial formula is unquestionably determined by the hospital at which the baby is born, after that any changes are brought about in a variety of ways. The hospital may have changed the type of milk used between the birth of one and subsequent babies, leading to scepticism by the mother—why has the hospital switched brands? An area of confusion can now arise, especially if the mother receives conflicting advice from the health visitor or midwife. Depending on her social class the confused mother will turn to her mother, to "Dr Spock", a friend, the chemist's assistant, or even her doctor.

If the mother feels the milk used in the hospital agrees with the baby and is easy to prepare she will continue to use it. If not, then she turns to an alternative. The second brand choice becomes more a personal recommendation. Provided the mother has a good relationship with the health visitor (the same one each visit) she will take her advice. Otherwise she may follow another mother who is successfully feeding a baby of similar age.

Medical interest

Most recent changes have been due to research by the medical profession justifying the use of modified milks. This has culminated in the publication of the DHSS report, since when there has been a movement back towards interest in infant feeding by more of the medical profession. This is shown by the encouragement to breast feed and to use modified (low-solute) babymilks as an alternative to breastmilk. Mothers may not understand the possible hazards of over-concentrated feeds and resulting neonatal tetany, hypernatraemia and obesity, but the medical profession is certainly being successful in encouraging bottle-feeding mothers to use modified milk.

Figures of hospital usage indicate a trend away from the traditional full cream milks, a trend which has really taken off

since the DHSS report and more recently following the Government statement that National Dried Milk and unmodified milks are unsuitable for babies under six months of age. This trend is carried on after discharge from hospital with mothers continuing to follow the advice offered in hospital or by the community midwife or health visitor. A random check done in Cheltenham on the feeding habits of 39 infants of all ages seen in one week showed that 80 per cent were still having a low solute milk (including breastmilk).

Infant feeding has come a long way from the wet nurse of Elizabethan times and great advances have been made this century, even this decade. It will be an interesting exercise to follow the trends to the end of the century.

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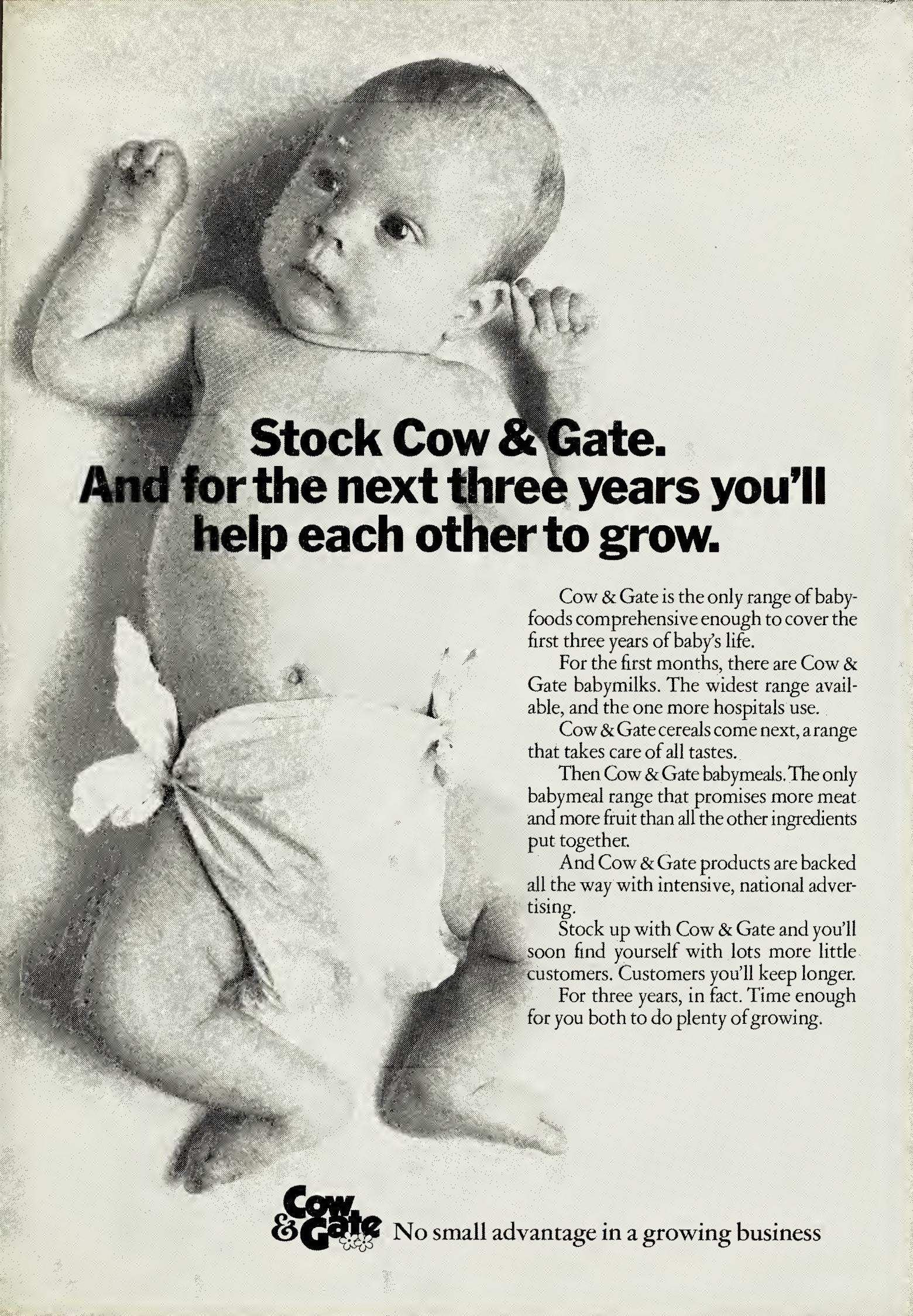
Nutrition symposium

A re-awakening of interest world-wide in breast feeding was reported during the "new concepts of infant nutrition" international symposium recently held in London. It was shown that there is a growing understanding of the unique features and important functions of human milk. Correct nutrition during early life appeared to play an important part in the avoidance of disease.

The variability of human milk was claimed to be predictable, offering the infant a form of appetite control. The milk was shown to be rich in water at the beginning of a feed, the lipid content rising during the feed. Breast milk also progressively changed during the mother's period of lactation.

The problems of the pre-term infant were discussed, and there was a call for a re-opening of the question of the adequacy of breast milk for their early growth. However, it was possible to reverse and prevent catabolism with the help of parenteral nutrients, but careful control and monitoring were required.

The symposium was sponsored by the departments of child health of, respectively, Kings College Hospital, London and University of Glasgow in conjunction with Wyeth Laboratories. The proceedings will be published later this year.



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BABYCARE

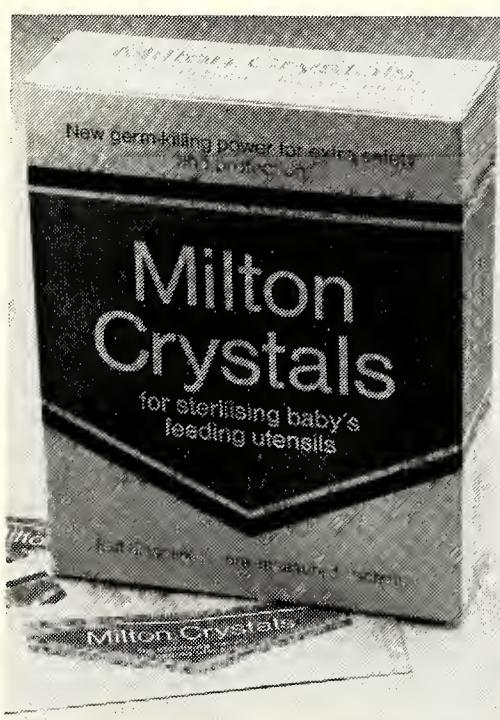
Product and promotion review

chardson-Merrell Ltd, 20 Queensmere, Slough, Berks SL1 1LA, are giving extensive support to the latest addition to their Milton range—Milton sterilising crystals. They say that despite improving standards of home hygiene, the disturbing fact is that gastro-enteritis still kills one baby most every day in the UK. Milton crystals—described as “the new generation sterilant”—are available in pre-measured, child-resistant sachets, and used in conjunction with the Milton sterilising unit offer safety and protection from one daily preparation, no matter how many bottles are added to the unit. The launch campaign features a programme directed at health clinics, midwives, hospitals and health visitors. All new mothers will be sent samples and full-page advertisements are planned for the specialist baby Press. The launch is backed by substantial trade discounts offered through chemist wholesalers.

The other recent Milton addition is Milgard baby cleansing milk, described as a balanced combination of cleansing and protecting agents. It is formulated to cleanse the nappy area without affecting the natural flora or the pH of the baby's delicate skin; it also helps protect against irritation until the next nappy change. In the routine hospitals and clinics are said to be following, Milgard is squeezed onto cotton wool and the nappy area wiped thoroughly, paying particular attention to the creases—always wiping from front to back. When the skin is clean, no rinse with water is required—just a little more Milgard using fresh cotton wool. This will leave a thin lubricating layer on the skin. The 150ml size is said to provide for 15 days' average usage.

Bounty Services Ltd, Guardian House, 92 Brixton Road, London SE4 2SH, include the following “sampling clients” in the Bounty bag given to new mothers in the UK: Heinz strained food sample, “Milk to mixed diet” book, baby club booklet, cups for slimmers booklet; Curity Snugglers leaflet/money-off coupon; Dentinox toothpaste leaflet and teething jelly sample; Farley's rusks/Farlene leaflet; Avlon babycare cream sample; Johnson & Johnson baby lotion, shampoo and powder samples; Lenor sample plus leaflet; Delrosa sample; Woodward's gripe water sample/leaflet; Steedman's teething jelly leaflet; Sudocrem sample/leaflet (Cosara Products Ltd, N. Ireland only).

In the Bounty bag distributed in the Irish Republic are Johnson & Johnson baby shampoo sample/leaflet, cotton pads sample/leaflet, Stayfree mini-pads sample/leaflet; Farley's rusks sample, Farley's baby rice sample/leaflet, Radiofusin sample/leaflet; Comfort fabric conditioner sample/leaflet; Sudocrem



sample/leaflet, Sudotex sample/leaflet; Heinz strained food sample, “Milk to mixed diet” book; Angiers junior aspirin leaflet. The Bounty Baby Book is included in both bags.

Sterling Health Products, Surbiton, Surrey KT6 4PH, report that despite a continuing decline in the UK birthrate in 1975—an estimated further five per cent—Delrosa showed a considerable increase in volume sales. They are currently running a “Delrosa baby savers” promotion, featuring a catalogue of ten high-quality baby articles at reduced prices. Advertisements announcing the scheme will appear in women's magazines and baby Press and point-of-sale material is also available. Delrosa bottles carry information about the scheme and flash labels show individual items available from the catalogue—changing approximately every eight weeks. The promotion is directly linked to sales of Delrosa by requiring proof of purchase.

Colgate-Palmolive Ltd, 76 Oxford Street, London W1A 1EN, believe the UK disposable nappy market is “wide open” for expansion. Babies' nappies are changed, on average, five times a day, which means the total nappy changes amount to 3,000 million a year. Yet today the disposable market accounts for only 9 per cent of the total, which compares with 60 per cent in the USA and 40 per cent in France. The market value at the moment in the UK is £8m—but Colgate-Palmolive claim their Curity Snugglers are leading an expansion. The brand's advertising support will continue and additionally, Colgate are organising

coupling, promotional support, sales through hospitals and a public relations programme to professions. The latter has included a series of “brains trusts” on babycare, with a panel of experts talking to large audiences of health visitors, midwives and senior nursing officers.

Saluki Fabrics Ltd, Stephenson Road, Peterlee SR8 5AU, co Durham, who introduced their Babypad and Playrug in May are currently running a consumer campaign with advertisements appearing in each issue of *Mother & Baby*, *Mother, Nursery World, Parents and Maternity & Mothercraft* until the end of the year. “Several hundred inquiries” have already been generated and the company may use television spots to boost sales before Christmas.

William Freeman and Co Ltd, Suba-Seal Works, Staincross, Barnsley S75 6DH, are currently promoting their product cards which carry some 15 different items, including six types of soother, teething trainer and similar items in regular demand from nursing mothers. During the autumn and winter months programmes are in hand to supply the seasonal demand for cot, pram and toy-shaped hot water bottles which are featured in the Suba Seal range, and additional capacity is being allocated to the Suba Seal baby bath mat. Wide-necked feeding bottles in lightweight polycarbonate, fitted with white Superlife silicone teats have been selected for special promotion, as there is growing interest in this teat which lasts from birth to weaning.

LR/Sanitas Ltd, Stockwell Green, London SW9 9JJ, are stepping up activities on Woodward's gripe water and Marigold baby pants this winter. For the next four months a 25ml trial size of gripe water will be included in the Bounty baby parcel—Woodward's is said to be the biggest seller in a total carminative market worth £1.2m at rsp, two-thirds of which goes through chemists. An advertising campaign is running currently in major women's magazines and specialist baby Press. The baby pants market is worth around £4m, say LR/Sanitas, who are offering a Marigold trade bonus until the end of December.

Wellcome Foundation Ltd, Temple Hill, Dartford, Kent, are making available during October window displays of large cartons of both Drapolene cream and Calpol suspension (approximately 24in high) and shelf-edging strips. The Macdonald range of household cotton wools is on bonus offer during this month and again display material—comprising floor units, pricing strips and merchandising supports—are available through representatives.

Solport Brothers Ltd, Portia House, Goring Street, Goring by Sea, Worthing, West Sussex BN12 5AD, are offering an extra large children's sponge bag (ref no 1930) in five colours and with an option of two different prints. The bag is proving of particular interest in the baby market due to its price (£0.40) and big capacity. It has an internal division which allows for a wet and dry compartment.

BABYCARE

Two brands — bigger market

Having recently acquired Babettes from Bowater Scott, Robinsons of Chesterfield find themselves with two distinctive brands of disposable nappies. But both brands have their advantages and Robinsons believe the choice between them is ultimately one of the mothers' preference. So what are the differences?

Paddi Pads were the original disposable nappy, first introduced in 1949 and developed for the UK market. In addition to the development of unique machinery, Robinsons were, and still are, in the advantageous position of being able to produce some 80 per cent of their cotton wool requirement and thus could easily incorporate the unique cotton wool top facing layer on the nappy pad. Now, they say, it would be too expensive for any company to install this type of plant (running into the region of £2m at 1976 prices) which leaves Paddi Pads unique. The standard type of machine as developed and used in Sweden is readily available, however, and thus the newer types of disposable nappy have been the Swedish type of covered nappy, as is Babettes.

Extra thickness

The Paddi Pad is a highly-bleached cellulose pad, folded to give more thickness down the centre of the pad for extra absorbency. White absorbent wool and rayon-mix facing, overlap down the centre of the pad, making it thicker where greatest absorbency is needed. The soft cotton wool facing next to the baby's skin helps reduce the possibility of nappy rash, and in use the urine is drawn through the cotton wool facing into the cellulose backing, where it is dispersed evenly throughout the whole pad. Paddi Pads is the widest pad available, 12 x 7in, embossed each end, providing greater protection for baby, and reducing the possibility of the plastic part of the nappy pants chafing baby's skin. Also, the pads are completely soluble, so there is no outer cover to remove before disposing of the soiled nappy.

Babettes, on the other hand, are a covered nappy composed of a soft, wet-strength non-woven cover with an inner content of highly absorbent fluff pulp, which is equally distributed throughout the nappy so as to provide softness and greater absorbency. The pad is further strengthened with two-ply cellulose tissue top and bottom. Individual nappies are sealed at the back with a hot-melt adhesive, and have soft crimp edges at both ends. Babettes are produced on machinery similar to that originally developed in Sweden for manufacture of disposable nappies, but are wider and thicker than other Swedish types, and are therefore

said to be more absorbent. They are completely disposable—the cover is torn open and the contents flushed away; the cover is flushed separately.

Robinsons say they intend to market both ranges aggressively, as competitive products. At present the £8m disposable nappy market is led by Paddi Pads, which with 45 per cent share is brand leader. However, the other sector of the two-piece disposable nappy market using non-woven covered pads account for approximately half the sales and is led by Babettes, with approximately 20 per cent share of the total market. Babettes were launched nationally only three years ago, alongside the Readinaps nappy used in UK hospitals and grew quickly to the number two position. Since each type of disposable nappy has its particular advantages, Robinsons marketing strategy will be to expand the total market through effective promotions, merchandising support and in-store display; consumer and trade advertising; plus educational programmes aimed at mothers and mothers-to-be using leaflets and advisory services.

Chemists are the traditional outlet for disposable nappies, since it is to the chemist that the mother frequently goes for a host of other requirements for herself and her baby. Therefore, Robinsons hope now to make it easier for the trade to satisfy the needs of the majority of their customers whilst ensuring an economic use of the limited shelf and floor display space. Paddi and Babettes together account for approximately 60 per cent of sales through chemist outlets, and each brand has a range of related babycare items which can generate extra business. The new packaging for Paddi Pads has been designed for vertical stacking to make best use of limited space. Similarly new, the Paddi liners pack incorporates guidance on the use of disposable nappies to encourage trial purchase by the consumer.

£30m potential

"We don't foresee any particular problems in marketing Paddi Pads and Babettes," says Robinsons' general marketing manager, Clive Wetherall. "If we succeed in persuading women, nurses, teachers, mothers and mothers-to-be that disposable nappies are a periodic alternative to terry towelling, for particular occasions at home as well as during holidays and travelling, then we shall be achieving our objective of widening the market. Comparative usership of disposables in Europe, Scandinavia and North America and Canada, show that the UK market could easily be trebled or quadrupled—that's approximately a potential £30m market."

Products & promotions

Continued from p481

Beecham Proprietaries, Beecham House, Brentford, Middlesex, say that the new carton presentation for Dinneford's gripe mixture now reaching chemists is not the only change for the brand. It is now being advertised in national newspapers as well as the maternity magazines previously used exclusively. The campaign includes *The Sun*, *Sunday Mirror* and women's magazines. The unit sales trend, which has been turning down over the past few years in sympathy with many baby products, is now moving up again, say Beecham. Sales of All Fresh baby bottom wipes soared with the sun, says John Longden, product manager. "Mothers now recognise what a boom soothing medicated wipes can be to babies in hot weather, particularly when travelling or away from home." A new addition to the All Fresh community health programme this autumn is a full-colour leaflet "Questions you ask about nappy rash!" The leaflets, which contain a cut out coupon for a free sample will be available to mothers through health visitors and baby clinics or direct from All Fresh information service, 114 New Bond Street, London W1Y 9AB.

Goya International Ltd, Badminton Court, Amersham, Bucks, have a baby suit offer on Savlon babycare cream packs. The baby suit (normal retail value £2) is available for £0.90 plus four small or two large cartons. All Savlon babycare shampoo bottles carry a crowner for the Savlon "golden nest egg" competition, entries for which close in March 1977. Entrants are invited to rearrange the words "Savlon babycare" to make as many words as possible; there are four prizes of £250 to be invested for babies.

Trimster Co Ltd, Bowcourt, Westcott, Dorking, Surrey, say they have established a demand through pharmacies for their colourful stretch-suit retailing at around £2.60. To capitalise on the proven need for such products they have now introduced a thinner Lightweight Quality Stretch-Suit, made in five colours and three sizes—small £1.65, medium £1.75, large £1.85 (picture below).





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Trade enquiries to
Tony Hartwell, General Manager, Saluki Fabrics Ltd.,
Domestic Textiles Division, Cheapside Mills, Bradford
Road, Batley, West Yorkshire call 0924 477968

Saluki

Mr

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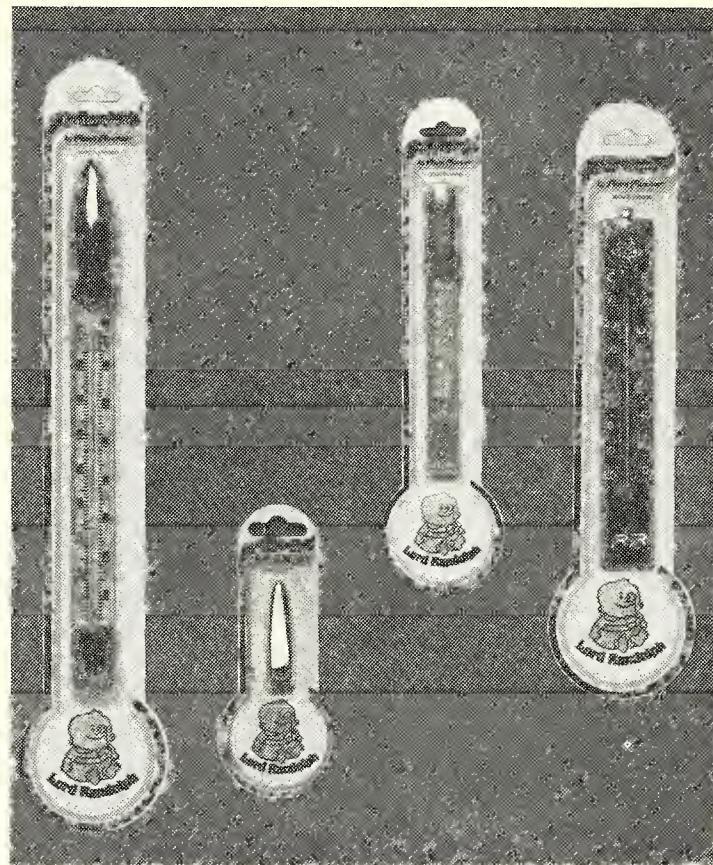
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BABYCARE

Products and promotions

Continued from p482

J. Pickles & Sons, Pickles House, Church Lane, Knaresborough, N. Yorks HG5 9AS, say they are advertising on a regular basis Pickles S.C.R. (for cradlecap) and Pickles Snufflebabe (vapour chest rub) in the two baby magazines *Mother and Parents*.

Lloyds Pharmaceuticals, Clerk Green, Batley, West Yorks W1Y 6AU, point out that teeth begin to develop well before birth, and for most babies the first teeth appear between their fourth and sixth month. About 8 per cent of UK households contain a teething infant and three quarters of these suffer from teething pain. Bonjela, they say, leads the branded remedies for teething with 29 per cent of business in a market that is worth about £2m at rsp.

CPC (UK) Ltd, Claygate House, Esher, Surrey, recently completed a successful test market of a new range of babyclothes comprising Gerber pull-on baby pants, snap-on baby pants, and a cover-all bib, which are now being made available to pharmacies. The babyclothes are in machine washable PVC and are designed to be tumble displayed, displayed on-shelf in outers or individually, or merchandised on J-hooks.

According to the company, research has shown that the best results are obtained when the babyclothes are displayed close to babyfoods in-store, encouraging a high level of impulse purchase, and Gerber can provide units measuring 4ft x 6ft, to enable the babyclothes to be merchandised on the baby products fixture.

For the smaller pharmacy, there is a new unit for displaying the 24 best selling varieties of babyfood, to be placed on top of the shelf fixture or to stand on the counter.

Gerber break down the £116 million baby products market as follows: foods £51m, toiletries £15m, small clothes £18m, equipment £20m, and disposables £12m.

Commenting on Gerber's more familiar role in the baby foods market, David Collman, merchandising manager, says this is a time of growing opportunity for chemists. Not only has the market increased substantially in sterling value over the past five years, but chemists are taking an increasing share of the business that is going. In 1971 the sterling value of the babyfoods market was £16m and chemists had a 31 per cent share; in the current year, the sterling value is £28m and chemists have a 47 per cent share. "There is no doubt that this substantial increase in the chemists' share



Gerber
Heinz

52 per cent
78 per cent

(Source RSGB)

"Chemists should make a point, therefore, of offering the two main brands: Heinz the brand leader in cans and Gerber the brand leader in glass jars."

Gerber, aware of the problems which the small independent is faced with in carrying a comprehensive range of the many varieties of babyfoods, make available (exclusively through wholesalers), special shrink-wrapped six-packs of the 20 best-selling varieties. The aim is to reduce the amount of capital required to carry adequate stocks.

In addition to babyfoods, Gerber offer four concentrated fruit juice varieties. These infant fruit juices have a strong bias towards chemists and Gerber currently have a 74 per cent share. To help stimulate sales, Gerber are running a comprehensive advertising campaign in the specialist mother and baby Press in coming months.

Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland, have added three new bath sponges (£0.75) to their Tommee Tippee range. They are made from polyurethane foam covered with soft terry towelling and are in three animal shapes—turtle, frog and dolphin. The sponges are individually packed in polybags, complete with header card.

of the market is due to the efforts of those stores which have taken the trouble to develop a total baby concept and make a point of stocking a comprehensive range of baby products and displaying them together in a special section of the store."

At a given moment, there are about 1½ million babies in the UK and purchasing mothers will buy an average of at least five units of convenience babyfoods each week. When planning the section it is important to offer a choice of babyfoods because independent research shows that mothers insist on, and shop around for, variety with the result that brand duplication is very high:

Mothers buying (0-5 months):
Convenience babyfood 97 per cent

Importance of reading labels on medicines

by R. Leach, District Pharmaceutical Officer, Ninewells Hospital, Dundee, Tayside

This exercise is a simple check on a person's ability to read drug names correctly and can be tried by anyone who handles drugs. Assume you are wanting the items in the first column and you have only the items in the second column in stock, eg you want methyldopa

tablets 250mg; as it is in stock in the second column you tick the box opposite methyldopa tablets 250mg in the left-hand column. If the item is not in stock put a cross, and if you are not sure put a question mark.

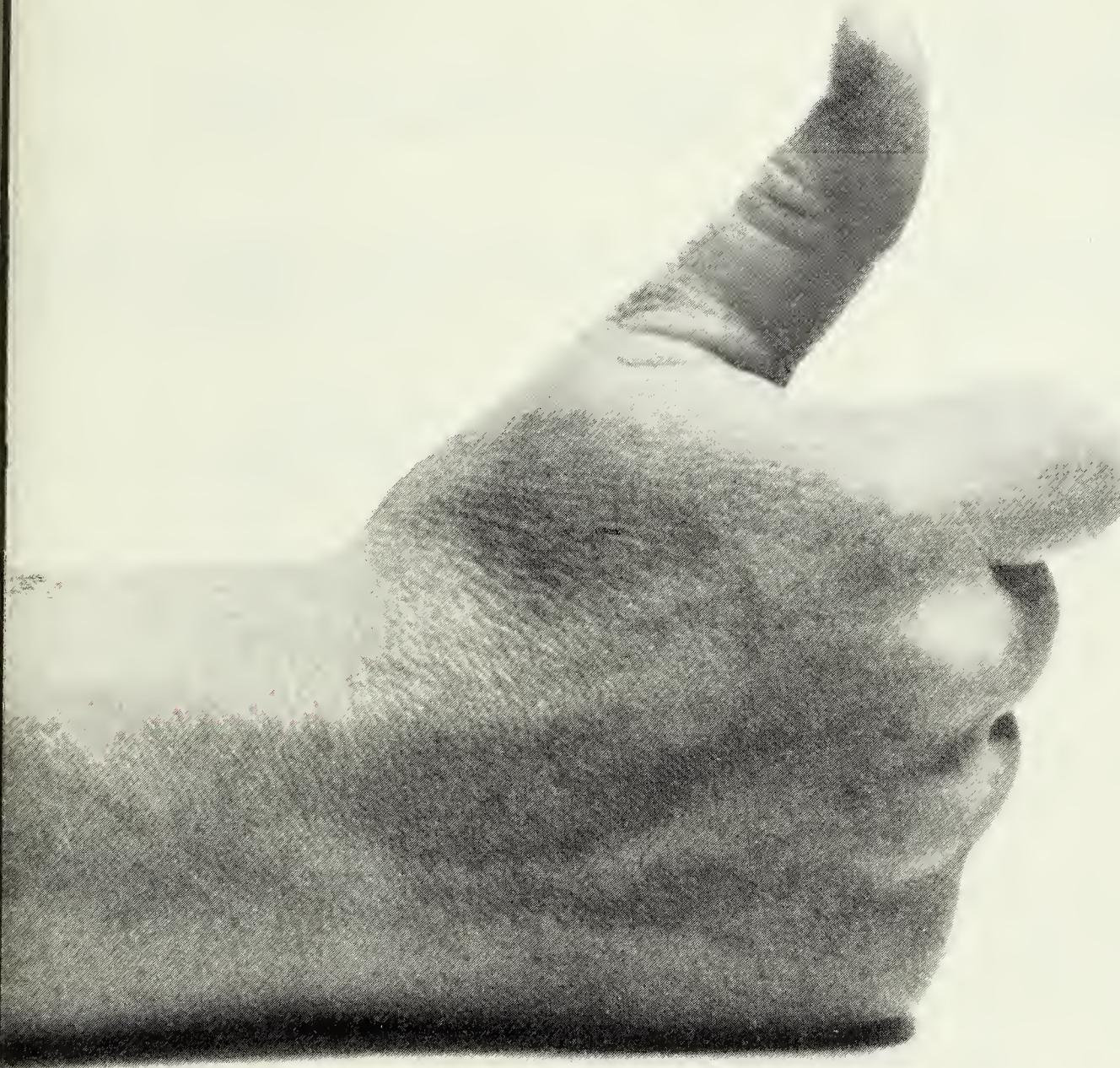
See p496 for answers and comment.

Wanted	✓, x, ?	In Stock
Methyldopa tablets 250mg	<input type="checkbox"/>	Allopurinol tablets 100mg
Oxytetracycline tablets 250mg	<input type="checkbox"/>	Pitressin injection
Intal compound Spincap cartridges	<input type="checkbox"/>	Potassium chloride 0.3 per cent dextrose 5 per cent injection
Digoxin tablets 0.25mg	<input type="checkbox"/>	Potassium chloride slow tablets
Glycerin suppositories	<input type="checkbox"/>	Intralipid injection 20 per cent
Aspirin soluble tablets 300mg	<input type="checkbox"/>	Frusemide tablets 500mg
Multivitamin tablets	<input type="checkbox"/>	Aspirin soluble tablets 300mg
Chlorpromazine tablets 100mg	<input type="checkbox"/>	Methyldopa tablets 250mg
Allopurinol tablets 100mg	<input type="checkbox"/>	Digoxin tablets 250 micrograms
Dextrose injection 5 per cent	<input type="checkbox"/>	Chlorpropamide tablets 100mg
Vitamin C tablets 50mg	<input type="checkbox"/>	Stilboestrol tablets 5mg
Potassium chloride slow tablets	<input type="checkbox"/>	Intal Spincap cartridges
Sodium chloride injection 1.8 per cent	<input type="checkbox"/>	Pentazocine tablets 25mg
Stilboestrol tablets 0.5mg	<input type="checkbox"/>	Oxytetracycline tablets 250mg
Frusemide tablets	<input type="checkbox"/>	Propantheline tablets 15mg
Pitressin injection	<input type="checkbox"/>	Adrenaline injection 1 in 1,000
Propantheline tablets 15mg	<input type="checkbox"/>	Glycerin suppositories 1G
Pentazocine tablets 25mg	<input type="checkbox"/>	Sodium chloride injection 1.8 per cent
Intralipid injection 20 per cent	<input type="checkbox"/>	Multivitamin tablets
Adrenaline injection 1 in 1,000	<input type="checkbox"/>	Ascorbic acid tablets 50mg

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53349**

Pharmaceutical Society Statutory Committee

Pharmacist reprimanded over book-keeping' offences

A pharmacist who admitted committing over 100 "book-keeping" offences under the Misuse of Drugs Act, 1971, was reprimanded by the Pharmaceutical Society's Statutory Committee last week.

Mr James Lawrence McIlroy, of Burlington Avenue, Romford, pleaded guilty to 15 offences at Newham Magistrates' Court in January and asked for a further 33 offences to be taken into consideration. He was fined a total of £150 and ordered to pay £50 costs.

Mr Josselyn Hill, for the Society, told the Committee that the offences involved his failure to make entries in his drugs register, failure to mark prescriptions with the date of dispensing, and the unlawful supply of Controlled Drugs. The matters came to light during a routine visit by an inspector of the Society to Mr McIlroy's pharmacy at Vicarage Lane, West Ham, on May 7 last year; the inspector reported them to the Drugs Squad at New Scotland Yard.

Detective Sergeant James Hunter said that the 133 other offences which the court took into consideration were uncovered during his investigations. He said Mr McIlroy told him: "I have been very busy. I must have overlooked them."

Mr McIlroy told the committee that he allowed his paper work to get behind and accepted prescriptions which were incorrectly written by doctors and which he should have refused to dispense. He had since arranged for another accountant to collect all his paper work and leave him completely free for pharmaceutical duties. He had also obtained a new Controlled Drugs register and a new filing system to check his deliveries.

Regulations of 'utmost importance'

Sir Gordon said that although these were "book-keeping" offences of one sort or another it was important to bring home to Mr McIlroy and the rest of the profession that the regulations were of the utmost importance.

A Neath pharmacy and its former superintendent were ordered to be reprimanded for permitting medicines containing a Part 1 poison to be sold in the absence of a pharmacist.

Harris (Seven Sisters) Ltd, of Hoel-y-Felin, Seven Sisters, Neath, was fined £20 by magistrates last February for selling a bottle of Gee's Linctus and Tyrozets lozenges in the absence of a pharmacist and for not labelling the container with the name and address of the seller.

Mr David Jones, an inspector with the Society, said he arranged for the medicines to be bought from the pharmacy at Seven Sisters in September, 1975. He later saw the superintendent pharmacist, Mr Morgan Harris, at home in Cwmphil Road, Lower Cwmtwrch, Swansea, and Mr Harris

admitted not being at the pharmacy when the medicines were sold.

Mr Jones said a Mr Billington had been in charge but left at short notice for health reasons. He had returned this summer but would probably be leaving soon if he had not already. The pharmacy was the only one in the mining village, where 3,500 people lived, and the next nearest was two miles away.

A Mrs Lewis owned the business and her brother, Mr Harris, had retired from his own pharmacy in 1967. He was asked to be superintendent for nine months last year until Mrs Lewis' daughter qualified. She did, but went to America.

Mr Jones said the present superintendent was a Mr Rushworth, of Sevenoaks, Kent, who had expressed interest in buying the business but had not been there since May. The Committee decided to issue a reprimand to Mr Harris and the business—the order not to take effect until November after a transcript of the proceedings had been received.

Drug store sold oral contraceptives

The case of a Bromborough chemist who allowed Part 1 poisons and oral contraceptives to be sold illegally from his drug store at Spital was adjourned for a year. Mr Warren Arthur Temple, of Allport Lane, admitted being convicted at the local magistrates court in February of six charges relating to the unlawful sale of medicines from unauthorised premises at Lancelyn Court Precinct, Spital. He was fined a total of £180 by the magistrates and ordered to pay £27 costs.

An inspector of the Society, Mr Graham Pickup, said he visited the store in August 1975 and bought a bottle of Famel children's cough linctus and a packet of Mac Clear Night tablets. Both contained a Part 1 poison and were sold in the absence of a pharmacist. The premises had not been authorised sellers of poisons since March that year.

Several other medicines containing a Part 1 poison were on the display shelves and a large prescription sign was in the window. Mr Pickup said he showed a prescription for repeat supplies of an oral contraceptive to an assistant and she confirmed that the tablets were supplied to a customer on a doctor's prescription but not in the presence of a pharmacist.

Mr Temple told the Committee he qualified 15 years ago and had operated in Bromborough for 11 years. He ran the Spital premises as a drug store until the middle of 1973 when he engaged a pharmacist to run them as a pharmacy. That continued until January last year when the pharmacist retired.

Although he failed to find another pharmacist immediately he continued to hope that he would get a replacement and

left the dispensary intact after removing all the Controlled Drugs to Bromborough. He was not aware that Part 1 poisons were being displayed in the drug store or that his unqualified assistants were selling them.

Sir Gordon said it was a very bad case. Mr Temple had been shockingly casual, if not deliberately dishonest, in allowing the drug store to look as if it was a pharmacy. The Committee had decided to take a lenient course in adjourning the case for one year. At the end of that period, Mr Temple would have to produce two testimonials as to his character and conduct, and the inspector would be making frequent visits to check on the store.

Severe reprimand for stealing

The Committee issued a severe reprimand to a Northwood pharmacist who stole £500 from his employers over three months when he believed he was going blind and his marriage was breaking down.

Mr Barry Joseph Mickler, 39, of Rofant Road, admitted being convicted of stealing the money over a period of three months while employed as pharmacist-manager by Cooper & Son, at Jermyn Street, London SW1, in the summer of 1975. He was placed on probation for two years at Bow Street Magistrates Court in January.

Probation officer Mrs R. Donovan told the Committee that Mr Mickler incurred substantial debts as a result of his pharmacy business going into liquidation in 1969 and the purchase of a house in 1972. Two years later he sustained a detached retina in his left eye. After several operations he became obsessed with the idea of going totally blind. His marriage at that time was not stable and Mrs Mickler subsequently went to live with another man leaving Mr Mickler to look after their two sons, aged 10 and 12 years.

The magistrates had adopted the unusual course in such a case by placing Mr Mickler on probation and his response had been "extremely positive." He had come to terms with his difficulties and was no longer a very depressed man.

Mr Mickler told the Committee that after he was dismissed for theft he obtained employment at a pharmacy at Wembley Park. His employers knew of his conviction but they wished him to remain with them. He had recently learned that he had now got a cataract in his eye and the hospital wanted to operate again—something he would like to avoid. There would always be the possibility of total blindness and that he would no longer be able to support his family.

Sir Gordon said there was no doubt that the various tribulations induced Mr Mickler to commit the offences. In the circumstances the Committee considered it would be better if he received a severe reprimand for the way he had behaved.

Lack of interest in Brighton

A referendum among the independent pharmacists in the Brighton and Hove Association of Pharmacy has shown a "considerable lack of interest". At an adjourned annual general meeting it was, however, agreed to continue the Association with a recommendation that an annual reunion dinner should be held in January. Mr Philip Nari was elected president.

Professional News

Pharmaceutical Society of Northern Ireland

Need for annual premises retention fee queried

The need for pharmacists to have to pay an annual premises fee and the size of the fee rise proposed by the Department of Health were queried at last month's meeting of the Council of the Pharmaceutical Society of Northern Ireland.

A letter from the Department stated that it was considering increasing the fee for the registration of new premises to £13, the retention fee to £13 and the penalty fee for late payment to £11. The president, Mr T. G. Eakin, said he often wondered why pharmacists had to pay an annual fee in order to provide the public with a pharmaceutical service. He wondered if any other profession providing a service under the Health Services Acts had to pay a similar fee.

The secretary, Mr W. Gorman, said that when the Society was established in 1925 a statutory provision was made for the payment of an annual licence fee in respect of each pharmacy. Half of the total amount of the fees was retained by the Department and the other half was paid to the Society. He understood that the charge was originally made to help to pay the salary of the pharmaceutical inspector. The original fee was three guineas and that amount remained unchanged for some 40 years but about 1965 the fee was increased to five guineas.

Mr T. I. O'Rourke said he, too, could not understand why pharmacists should have to pay a fee to the Department to practise their profession. The Department had made a careful calculation before arriving at the proposed new fees but no account had been taken of the fact that the average number of the population served by each pharmacy in Northern Ireland was much smaller than the figure for Great Britain. He suggested that if

there had to be a fee it should be £10 for new premises and £10 for retention with a late payment penalty fee of £7. After discussion the secretary was instructed to inform the Department of the Council's views on the proposals.

Mr G. McIlhagger, treasurer, presented his financial report for the year ended July 31. He said that expenditure at £19,130, exceeded income by £4,619; however that figure was reduced to £4,019 when a charge made to Northern Pharmacies Ltd for the use of staff and accommodation was taken into account. He added that expenses incurred in the Golden Jubilee celebrations would not recur.

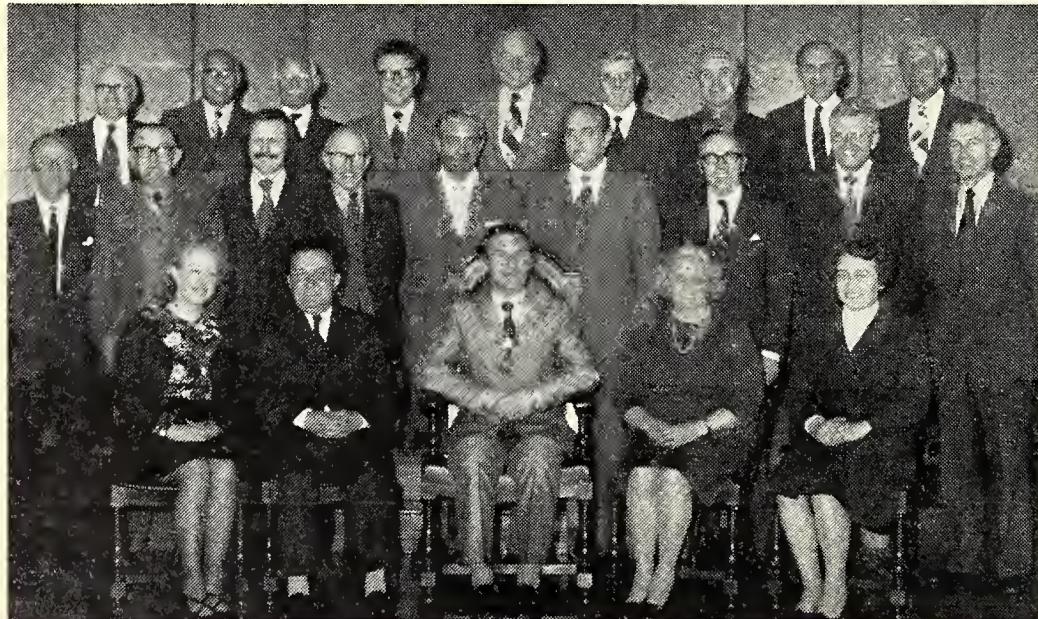
Society's costs up

The cost of running the Society had greatly increased, Mr McIlhagger continued, and the position had to be faced. Action had already been taken by increasing the retention fees and he anticipated that the adverse balance would be wiped out by the end of the present year. The C. W. Young Scholarship Fund had an income of £889 from investments costing £8,336 but they had a market value of £10,232.

Mr J. A. Brown drew attention to the amount of the travelling expenses incurred over the past two years. Council was the custodian of the Society's money and he wondered whether it was necessary to spend so much in attending meetings and conferences outside Northern Ireland. Mr McIlhagger replied it was more a question of whether they could afford not to attend such meetings and conferences where decisions affecting the province were made.

Professor P. F. D'Arcy drew attention to a resolution passed at the general assembly of the International Pharmac-

The full Council of the Society, with the president, Mr T. Eakin, seated centre



tical Federation held in Warsaw asking the World Health Organisation to urge its members to ensure that all the therapeutic products were distributed only through outlets which were under the control of pharmacists. Organisations had to be strong not only at national but also international level. Mr McIlhagger added that the travelling expenses for the past year amounted to much less than for the previous year, despite the increase in the cost of travel.

In reply to a question, Mr Gorman explained that the directors of Northern Pharmacies Ltd made a contribution annually for the use of staff, accommodation and general office facilities. That contribution would continue and probably be increased as the company gradually became more viable.

Tribute to Mr Rankin

Mr Eakin said the Society had suffered a severe loss over the holiday period by the deaths of Mr William James Rankin, FRS, ARPS, and of his son Mr W. Brian Rankin, CBE, LLB. Mr Rankin senior had been the oldest member on the Society's Register and was in his 90th year. On qualifying in 1912 he worked in retail pharmacy for a time before obtaining a number of agencies. He was a representative for Beatson, Clark & Co Ltd throughout Ireland and also Yorkshire. A man with a wide variety of interests he was an avid reader and a keen photographer; the Society still had the album of photographs taken by him when the British Pharmaceutical Conference met in Belfast in 1935.

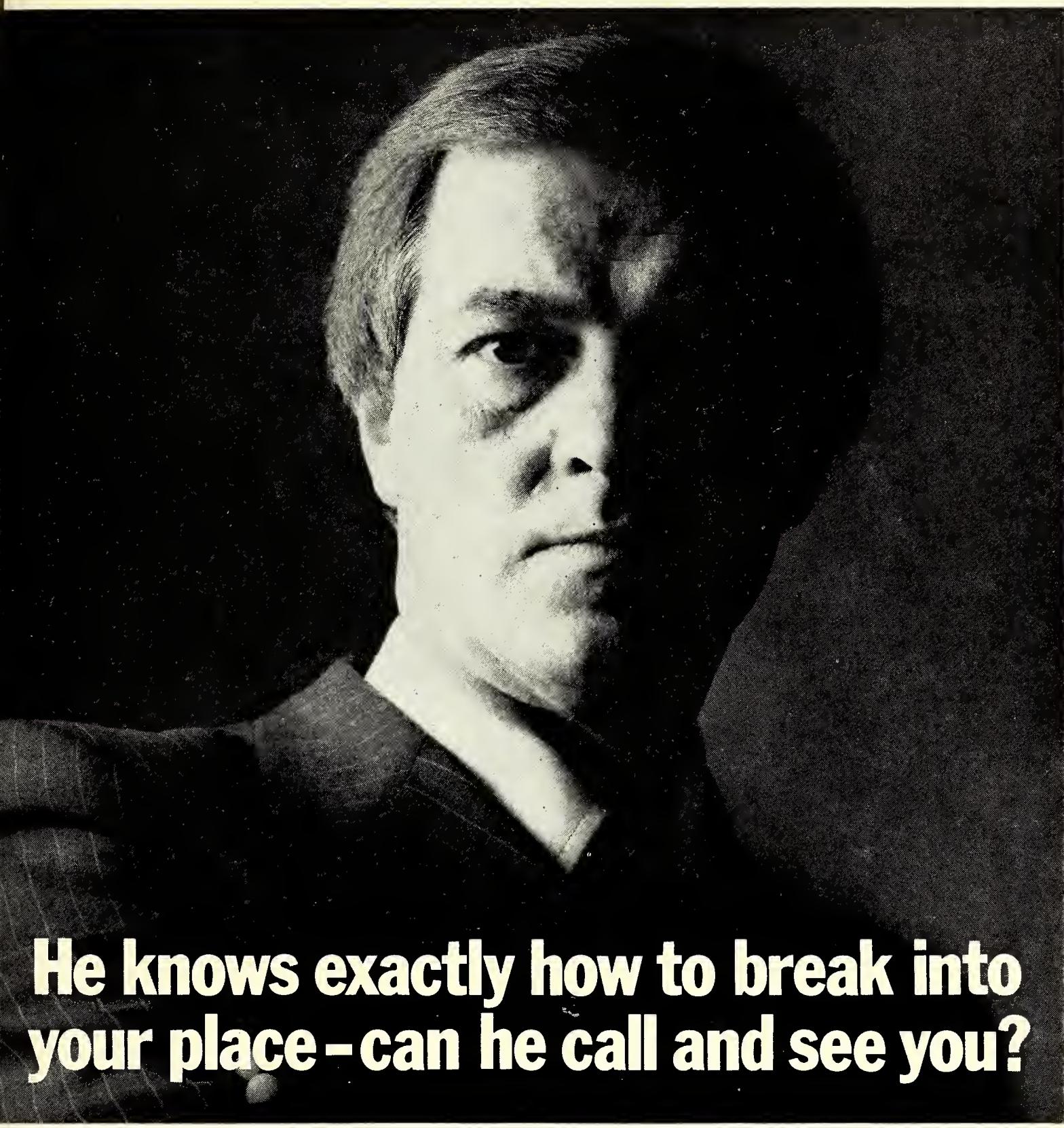
With the late Mr H. McRoberts, MPS, Mr Rankin was responsible for the formation of the Ulster Chemists' Golfing Association whose outings he regularly attended until recently. He took a great interest in pharmacy and pharmacists and could say where most pharmacists had served their apprenticeships. He had been elected a Fellow of the Society in 1972, an honour of which he was very proud.

Mr Rankin (junior) had acted as the Society's solicitor for a number of years and also had been engaged to present cases to the Statutory Committee. He had held a number of responsible public and professional positions and his sudden death came as a great shock to all his friends. The members present stood in silence as a token of respect.

Reports from the Education and Finance Committees were adopted. The former included a recommendation that the applications of 11 graduates for registration as students be granted. Mr Gorman said that a total of 18 had now registered as students this year. The application of Miss Christina Elizabeth McCrea, 18 Ranfurly Road, Dungannon, co Tyrone, for registration as a pharmaceutical chemist in Northern Ireland under the reciprocal agreement with the Pharmaceutical Society of Great Britain was granted.

Reports on the meetings of the International Pharmaceutical Federation's conference in Warsaw and of the British Pharmaceutical Conference in St Andrews were received. Those present at St Andrews had greatly enjoyed the meetings and social occasions and Mr Gorman was asked to convey to the secretary of the

Continued on p491



He knows exactly how to break into your place - can he call and see you?

He can spot a chink in your security at ten paces.
That's his business.

He's trained to see the sort of loopholes that make you a prey for the break-in specialists.

He has behind him the accumulated knowledge of Europe's largest total security service.

There's no business too small or too large to interest him. He's one of a team of Group 4

consultants that offer advice free.

If you need magnetic contacts, wire systems for windows and doors, microwave, ultra sonic detectors, or any other of the security systems available he'll know.

Call him in and protect your profits. You'll also make insurance companies regard you more kindly and sleep more soundly.

Europe's largest total security service.

I would like your advice on the security of my business.

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It may look the same but the difference will mean even bigger sales.

New Improved Clearasil Cream Medication has been supplied to your shops since July 1st.

With a new ingredient. Although outwardly the same, we have added Triclosan a new anti-bacterial ingredient.

With heavy promotion. From November onwards, you should be stocked up to meet the demand on New Clearasil because we will be mounting the biggest advertising and promotional campaign in the medicated skin care market.

On television. With a heavyweight 30 second campaign in Granada, Anglia, Scotland and Southern areas majoring on New Clearasil's improvements.

In magazines. Young women's, young adult's and young men's, talking straight to the target audience.

With promotions. We're giving away a packet of Clearasil Medicated Soap with every purchase. And, of course, there will be trade incentives. So it is well worth stocking up or increasing your stock of New Improved Clearasil Cream Medication before the big demand.

The difference will certainly show in your profits.

**New Improved
Clearasil Cream
Medication.**

Independent US drug stores

Close out in record sales year

Retail drug outlets in the US made record breaking dollar sales gains in 1975, reaching a new high of \$18.83 billion, \$1.78 billion up on the previous year, according to the annual Nielsen Review of Retail Drug Store Trends.

But in marked contrast, numbers of stores dropped to a low of 50,597 outlets. The main casualties in the decline, says the review, were small and medium independents with the small outlets alone dropping over 3,500 outlets in two years and mediums accounting for another 300. Large independents showed the greatest strength in terms of store numbers with a gain of nearly 2,000 outlets between 1972 and 1974. By 1980 it is estimated that over half of all drug stores in the US will be large independent or chain outlets.

Chain drug stores recorded sales of \$8.08 billion in 1975, nearly \$1 billion up on 1974. Large independents experienced a growth of nearly \$800m to reach a new level of \$7.71 billion. As in previous years medium independents increased slightly, while small independents continued to lose ground.

According to current projections, the review adds, 1980 dollar sales will be more than twice as high as the 1970 sales figure of \$13.01 billion. Chain stores' share of the total will expand from the current 43 per cent to 45.6 per cent in 1980.

Figures are produced to show that chain stores have grown in number by 109 per cent since 1963 while independents have declined by 18 per cent. In that time independents increased their sales volume by 10 per cent but chain operations increased their dollar sales volume by as much as 29 per cent. But the review points out that new chain-store openings tend to be larger variety, thus commanding a larger than average volumes. And the figures for chains are further helped by the fact that multiple independent owners automatically enter the chain category upon adding a fourth store.

Effect of inflation

Comparing dollar sales with unit sales, however, a different picture emerges. The review says: "As most retailers now know, a wide range of economic variables must be taken into account in evaluating current trends in the drug industry. Recently the single most significant factor affecting evaluations has been inflation."

In 1974 when dollar sales for 22 basic health and beauty aid commodities increased by nearly 8½ per cent, unit sales increased by one per cent. 1975 showed a dollar sales growth of 11 per cent but no growth in unit terms.

Another chart in the review shows that 10 per cent of all chain outlets fell into the under-10,000 sq ft range and that these

outlets accounted for 72 per cent of all commodity volume. Outlets over 10,000 sq ft made up 15 per cent of store numbers but accounted for a combined 28 per cent of all-commodity volume.

Prescription departments were larger in drug stores with 15-20,000 sq ft of selling area, although outlets in the 10-15,000 sq ft range averaged over 7,000 more prescriptions during the year. Pharmacies in the over 10,000 sq ft range remain the highest in terms of the number of full-time pharmacists, but the smallest size category dispenses the largest number of prescriptions per pharmacist, with a current figure of over 40,000. The other categories range between just over 16,000 prescriptions per pharmacist to just under 22,000.

In a comparison of health and beauty aid sales trends by outlet type, the review says that six of the seven categories showed overall increases by dollar sales volume, with the exception of oral antiseptics which went up only slightly in drug stores and held steady in food stores.

In percentage improvement, women's hair spray showed the greatest gains over last year's figures with sales through drug outlets up by 15 per cent and through mass merchandisers up 16 per cent.

In addition to hair sprays, drug stores showed notable strength in dentifrices. The most significant improvement in year-to-year gains were made in mass merchandisers which experienced gains in the ten-point range for no fewer than four categories (hair sprays, deodorants, shampoos and sanitary goods).

Market share improvements

The most recent study of comparisons of sales share for 12 health and beauty aid product classes, says the review, indicates that drug outlets have improved their share in seven product groups. However, gains in all but three categories (hand lotions, toothbrushes and headache remedies) were 0.5 or less. Of the negative indications appearing in the chart for drug outlets, all were marginal except for those in shampoos and sanitary protection.

Another study reveals that mass merchandisers made the strongest showing in average health and beauty aids sales per outlet. The average mass merchandiser experienced higher dollar sales in each category than the average chain drug outlet, which, in turn, produced larger sales than the average chain food store.

The greatest strength for the average drug store occurred in shampoos, which showed an average volume of just over \$950. Oral antiseptics did worst with just over \$336.

In food stores, says the review, deodorants and shampoos appeared strongest in average sales per store. Mass merchandi-

sers were strong in all product areas, with the strongest showing being made in shampoos and deodorants.

In a section giving space facts on health and beauty aids, the review says that the size of drug chain sections has remained steady. This contrasted with sizeable increases in space devoted to selected HBA products between 1973 and 1974. But individual product areas differed from the overall picture. Hair sprays, for example, had expanded to 42 linear ft in 1974, but dropped to 37 ft in the most recent investigation. Oral antiseptics fell back and dentifrices remained steady at 29 ft. The other product areas made gains.

A study of food-chain space allocations in the review shows that for the first time in recent years, chain food stores cut back on the space devoted to selected health and beauty aids. Biggest casualties were hair sprays and sanitary goods, followed by dentifrices.

Nielsen's study of mass merchandisers revealed that while the total with prescription departments had increased, the percentage has declined slightly, leading to the conclusion that prescription departments are becoming less important to such outlets.

NI Council meeting

Continued from p488

Local committee congratulations on the excellent arrangements made for those attending.

A letter from the Northern Ireland Faculty of the Royal College of General Practitioners stated that a joint meeting with the Society had been arranged for April 14, 1977, when Professor A. H. Beckett, Department of Pharmacy, Chelsea College, University of London, would give a talk entitled "Dope in society and sport and some methods for its control". The secretary was instructed to reply that the date was convenient for pharmacists.

Mr Gorman reported that Dr R. J. Millar would give his talk on "The development of the Royal Victoria Hospital" in the Society's lecture hall on October 25 at 8 pm when the president would be "at home" to members of the Society.

The following are to be awarded prizes on the results of the 1975-76 academic session: Level 3: medal for outstanding merit, Miss E. M. McMahon; distinction in studies, Miss E. M. McMahon; distinction in pharmaceutical chemistry, Miss R. M. Deehan; distinction in pharmacology, Mr J. Parke; distinction in pharmaceutical sciences, Miss E. M. McMahon; best project, Mr J. A. McConkey. Level 2: distinction in studies, Mr K. F. Drain; distinction in dispensing, Miss M. L. Adams; distinction in pharmaceutical legislation, Mr K. F. Drain. Level 1: distinction in studies, Mr M. G. Scott.

Professor D'Arcy said invitations were being sent out for the prize-giving ceremony to be held on October 20 in the Society's lecture hall. Parents of the prize-winners and of those receiving certificates of registration would be given a cordial welcome to attend. A short talk would be given to the students by Dr P. Froggart, Vice-Chancellor of the Queen's University of Belfast. It was agreed that the president would give a short reception for the prize winners and distinguished visitors.

Letters

More concern over NPA constitution

Like all other independent members of the National Pharmaceutical Union, I have just received my invitation to join the new incorporated company National Pharmaceutical Association Ltd when it is approved on October 26 in London. With so few rank and file members able or likely to be present at such an inconvenient venue, the approval of the formation of the new company is undoubtedly a foregone conclusion. No one is likely to object to the incorporation of the NPA in principle, but it is the new constitution embodied in the revised articles of association which worries me and, I have no doubt, many members of the NPU.

The present NPU constitution with its subtitle outlining its aims—a union of retail proprietor chemists for the protection of their interests—carries the implication that the NPU is for independent pharmacists and not for publicly-owned companies. Any change in that policy is surely far-reaching and requires the support of a majority of the members and not just the few who will be able to attend the meeting specially called, as the NPU put it, to approve the incorporation unconditionally. I have not seen the actual new constitution and certainly we have not discussed the topic at our local branch, so can the NPU claim to have a mandate for offering such a proposal?

It is too late to stop the Executive holding the meeting but it is not too late for reason to prevail and for the draft articles of association to be circulated to the branches so that the more contentious aspects may be discussed, if necessary, by the members before being voted on at some future general meeting.

G. E. Emery
Preston, Dorset

Several months ago a group of independent pharmacists, expressing their unanimous concern for the future role of the National Pharmaceutical Union raised the matter of the infiltration of the union by publicly owned companies—especially in the last few years since the abolition of RPM—with the NPU Executive. There have been calls from other parts of the country for a meeting to discuss the constitution.

What happened? The chairman of the NPU was instructed to tell us that the NPU could not act only for the one pharmacy sole proprietor (*C&D*, July 31, p134). So far so good, the NPU has never professed that. Mr Royce omitted to tell us that far from allaying our fears, they were actively forming a company using a new constitution which deliberately invites a membership from non-independents with every good intention of trying to get all retail pharmacists, owners and managers,

of all classes into one organisation. We only heard about the proposed new constitution in a supplement sent to us in August and then we were assured that the details were subject to approval at a special meeting of the members. In September members received their application forms to join the new Association which they were told on the attached explanatory letter had already been formed and presumably registered.

The meeting was called for midweek to suit the Executive members and this meeting is to be held in London at the end of this month to rubber stamp all the articles of association of the new company.

What is the ordinary member now being asked to subscribe to when he is requested to send back his prestamped application for membership? How do the new rules differ from the old ones as far as they affect the "proprietor chemist" who was the principal beneficiary until this month? The main difference probably is that he is not even mentioned at all in the new articles. He has been replaced by "a 'person' conducting a retail pharmacy business"—the pharmacist manager of a Boots pharmacy, and probably that of a pharmacy department at a West End store can be forgiven if they feel eligible for consideration. "Person" in the rules is defined as including bodies corporate, in no way limited—indeed as the rules allow, when a member company acquires 10 per cent of all the total shares in the association, they can demand a poll at a general meeting if they cannot get their own requirements accepted on a show of hands.

Definition omitted

One real failing of the new rules is that they do not define "retail pharmacy" amongst all the other sundry preliminary notes. It is open to question whether a health centre dispensary, or a professional dispensing only premises can be classed as a retail pharmacy business, in the traditional sense. This is a pity as more often than not these concerns are run by small operators, the very people that the NPU was formed for, the independent.

Now this word independent. Nowhere can one find a reasonable definition of it in the context of the pharmacist. That suggested by Mr Royce the NPU chairman as applying only to the sole proprietor with one shop is very outdated. Even the Dorset pharmacists who all fall within this criteria in fact accept that it is possible for one or more pharmacists having financial control in a shop, multiple or company, free of outside commercial pressures, to exercise independence of action pharmaceutically and professionally. In a public company, even a closed private company wholly owned by one, run for the sole benefit of the lay shareholders, he who pays the piper calls the tune. . . .

Multiples limit?

Mr Ross in Lincolnshire has suggested that the limitation in the membership of the NPA, which is certainly required, could be done by arbitrarily limiting multiple members to, say, 10 branches, but this still brings the possibility of pharmacies owned by non-pharmacists as members. There is a cost to pay for excluding non-independents and may be as high as

700 members, say 10 per cent, but the spirit and determination of those left will be enhanced.

Most of the 21 members of the Executive may have had the very best intention for the future of their 7,000-odd members but one must feel that if they had been consulted a different constitution would have resulted. Did any Executive member at any time publicly ask the electorate for guidance on such a far reaching decision?

The best and most encouraging paragraph in the NPA rules is that stating every member of the Board retires in March 1977 and has to be re-elected.

P. M. W. Clarke
Dorchester, Dorset

Mr J. Wright, secretary, NPU, replies:
The meeting on October 26 is a special general meeting of members of the NPU—it is not a meeting of the new company. The sole purpose of the meeting will be to consider, and if thought fit pass, a resolution to transfer the assets and liabilities of the NPU to National Pharmaceutical Association Ltd. Then on the "effective date" (which will probably be January 1 1977), the transfer will actually take place and, simultaneously, all those NPU members who have signed and returned their forms of agreement will become members of the NPA.

Full discussion

If it appears that members wish to discuss the memorandum and articles of association of the new company, I am sure that the Board of Management (a present called the Executive Committee) will readily agree to an extraordinary general meeting being held at the earliest possible date after the effective date, so that any proposed change can be fully discussed. In the meantime, the memorandum and articles of association of the new company have been drafted, quite deliberately, to maintain the *status quo* in order to effect the incorporation of the Union with the minimum of delay, so that members can benefit fully from the tax concessions that will become available.

Where there is a change it is either a reflection of current practice (eg the election procedure), or a requirement of the Companies Act (eg the fact that we will call the "rules" the "articles of association"). There will be no change of substance in the objects of the organisation nor in the rights of members. The most notable (and noticeable) difference is the new name which the Executive Committee chose unanimously and which, I am confident, has the approval of the vast majority of NPU members.

I am sure Mr Emery will agree, on reading the copy we are sending him, and comparing it with the existing rules, that there is nothing contentious in the memorandum and articles.

The NPU reply to Mr Clarke adds:

The phrase "Any person conducting a retail pharmacy business" is the way in which the Medicines Act describes an "authorised seller of poisons". If your correspondent looks at Schedule 69 of the Medicines Act, he will see that there is no difference in practice between "persons conducting a retail pharmacy business" and an authorised seller of poisons as defined in the Pharmacy Acts. Managers

not included in either definition. The invitation to become a member of NPA is addressed only to those who are at present NPU members; membership rule provides in the first category that the member shall be a registered pharmaceutical chemist, and article 7 of the new company also begins with "a registered pharmaceutical chemist", so proprietors are "top of the list" in both documents. With regard to the timing—the first quest for advice from our solicitors on the question of incorporating the NPU was in October 1974, shortly after the seal of the Industrial Relations Act, ie two years ago. Since that time our solicitors, accountants, and counsel have been most continuously engaged in considering various legal problems and drafting.

Corner shop' arguments

One who, although not a pharmacist, earns his living in the manufacturing side of that business, I have for more than 25 years been diverted by the columns of our journal in its weekly passage across my desk.

Perhaps the strongest impression conveyed to the layman is that of the gap between the pharmacist's opinion of himself and the view which the public holds; the reaction of Xrayser in the October 2 issue makes this point rather clearly. He objects to the description "corner shop chemist", and claims that this connotes an association with assorted vegetables.

It may indeed do so to him, but the expression "corner shop chemist" conveys to the general public, I suggest, the more accurate image of a shop which sells cameras, hi-fi equipment, perfumery, telephones, pocket calculators, hot-water bottles and a thousand and one other items totally unconnected—other than "traditionally"—with the noble practice of the professional pharmacist. At the back of the shop there will be a small corner labelled "dispensary", where one joins a queue of others waiting for the man in a white coat to tip the tablets, which one's doctor has prescribed, from the informately labelled manufacturer's pack into a bottle which will merely say "The tablets to be taken as directed".

The public might, I feel, be more ready to accept the pharmacist's contention that he alone should be allowed to sell medicines if, and only if, the pharmacist were given to sell medicines only. The current reply to this suggestion is of course, "we could never make a living—dispensing fees would have to be raised". To which the public might well respond, "if that is so, 10,000 pharmacies is clearly too many—and they are in the wrong places. Six in the High Street (not even staggering their hours) and then no more for the next 15 miles in any direction. Why can't they decide how many of them could make a fair living on medicines only, and then spread themselves out to meet the needs of the whole community?"

If the service of the whole community is the genuine desire of the professional pharmacist, it is not easy to find a convincing reply that is not grounded ultimately in profit at the expense of service. Would anyone care to try?

B. R. Caukwell
High Wycombe, Bucks

Pricing duty

I have just discovered that the Polaroid price increases notified in your supplement on September 25 were effective from August 1. Since it would appear that you were unable to obtain the new prices from Polaroid before you did, could I know from Polaroid why they have been so reluctant to inform people of price increases? I suppose that as some are of the order of 20 per cent, the firm has nothing to be proud of, but they have a duty to inform their customers, active or potential, of the changes as soon after the effective date as possible.

This kind of high-handed, arrogant,

autocratic attitude to the people who deal in their products can only increase my impatience for the day when Messrs Polaroid have some competition in the instant print field.

Ronald Jackson
London WC1

The "breakdown in communications" on this occasion is regretted, but a similar criticism could be levelled at a number of other companies. We would appeal to all suppliers to notify C&D Price List of changes in advance of their operative date so that the trade can be informed on time. We understand that direct Polaroid accounts did receive earlier notification.—Editor.

Pill-tile fetches £1,300 at auction

Celia Hemming, writing on Lambeth delft in the December 1918 issue of *The Connoisseur*, mentions a very early collector Dr Diamond who "remembered hearing an assistant lament that he had been the cause of a great discomfiture to his master for he had broken his heart, in allusion to an earthenware tablet which he had accidentally let fall".

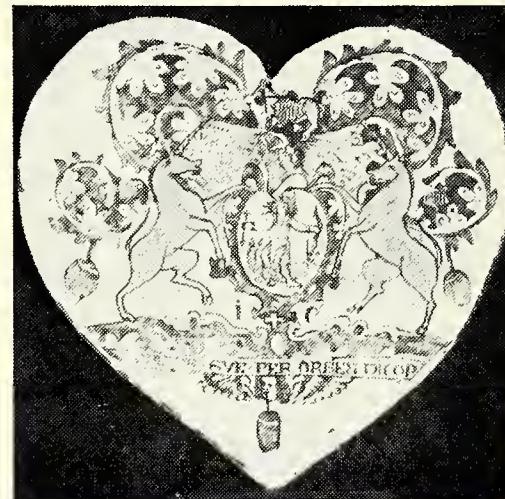
However, at the auction sale of the property of Dame Joan Evans held by Luce, Panes & Co, Chipping Manor Salerooms, Wotton-under-Edge, Glos, on October 1, a heart-shaped pill-tile which had suffered a similar fate fetched £650. (Lot 204 not illustrated.)

Lot 201 was a rare heart-shaped pill tile decorated in blue with the arms of the Worshipful Society of Apothecaries and Apollo stepping over the serpent; the crest "a rhinoceros proper supporting two unicorns (the latter in green) upon a compartment to make the achievement compleat, this motto OPIFERQUE PERORBEM DICOR". The motto was taken by Camden from Ovid's story of Apollo and Daphne with Apollo speaking to the nymph telling her who he is. "Inventum medicina meum est, opifervque per orbem dicor, et herbaram subiecta potentia nobis". (The art of medicine is my discovery. I am called help-bringer throughout the world, and all the potency of herbs is given unto me.) The pill-tile, which was 12in in height, was sold for £1,200.

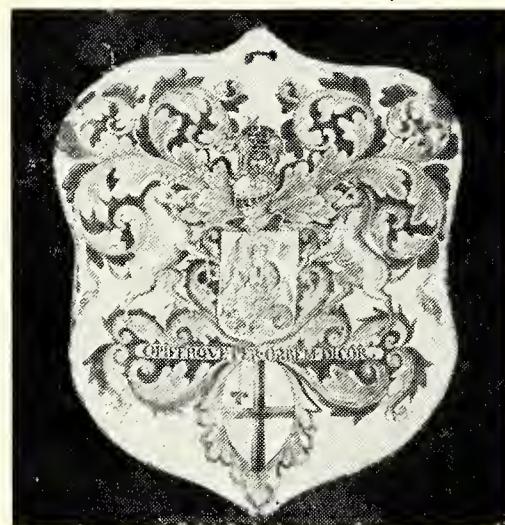
Lot 202, another pill-tile, was shield shaped and showed the arms of the City of London. As it was slightly damaged it only realised £800. Lot 203, also shield shaped but of different design, reached £1,300.

A London delft drug jar, with the 17th century angel design inscribed DIASCOR-DIV, sold for £180. Two other English drug jars with the 18th century bird and basket decoration fetched £160 and £150 respectively, C. CYNOSBAT. and V. AEGYPTIAC. The sale was considered of sufficient importance to attract a number of dealers from London. Antique furniture, paintings, silver, glass, etc, totalled over 500 lots.

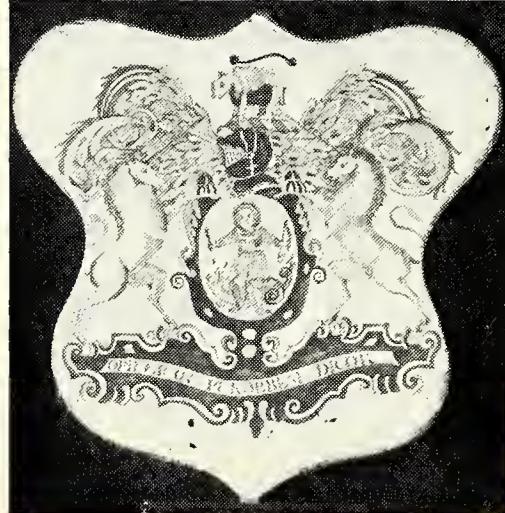
At Sotheby's sale of English pottery on October 5, an English posset pot in polychrome was purchased for £360 plus premium, while an English delft drug jar with the angel-with-outspread-wings design went for £160.



Lot 201 ▲



▼ Lot 202



▼ Lot 203

STOCK PIED PIPER OR YOU'LL NEVER KNOW WHAT HIT YOU!

"Pied Piper gives a meal
mouse appeal!"

Mousewife, Bromley.

Mice just can't resist Pied Piper, the fast
acting and completely painless mouse
poison. If you've got a hungry mouse
in the house, ask for Pied Piper at
chemists and hardware stores.

Pied Piper.

"Pied Piper - a lovely
way to go!"

Ex mouse.

Pied Piper is a safe and sure mouse
poison. Mice just can't resist it.
quick and painless, they won't
rat until it's too late. Ask for Pied
Piper at chemists and hardware
stores. Mice can't resist Pied Piper.
Pied Piper. They'll never know what hit them.

"I was a different mouse after I tried Pied Piper."

Arthur Squeaker, Romford.

Mice can't resist Pied Piper.
One taste and they're hooked. And it's such a
quick and painless poison
that it's all up with them
almost before they can
say, ahem, cheese! Ask
for Pied Piper at chemists
and hardware stores.

Pied Piper. They'll never know what hit them.



These three powerful ads are the start of something big from De Witt.

A major new advertising campaign, selling Pied Piper mouse bait to over 22 million readers of the Sunday Express and, News of the World.

The campaign starts mid-September and runs right through until November.

It's bright, it's brash. And it will sell Pied Piper. Mice can't resist Pied Piper, and those of your unlucky customers with a rodent problem won't be able to resist it either!

If you're not already stocked up,
contact De Witt and get ready for
the rush.

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Telephone: 01-539 3334 Telex: 897816**



SEE YOUR DE WITT REPRESENTATIVE ABOUT PRICES AND DELIVERY
The Big Range of Rodenticides available from De Witt International Ltd.

Company News

Beatson, Clark improve their performance

es of Beatson, Clark & Co Ltd in the first half of 1976 amounted to £6·9m (£·84m in the first half of 1975) and the pre-tax profit was £614,000 (£298,000). This improvement was helped by the start of a machine line in May. Prices were increased by an average of 9·4 per cent in June and a further increase is expected towards the end of the year.

The chairman, Dr A. W. Clark, states that the overall share of the home market improved marginally and exports were maintained. Output was reduced during August and September because of holidays and a major furnace repair, but the trading results for the year are expected at least equal those for 1975.

Federated Chemical well ahead

Pre-tax profit of Federated Chemical Holdings Ltd in the first half of the year was £1,689,000 on a turnover of £10,133,000. The profit figure recorded for the first half of 1975 was £358,000, but the 1976 figure is calculated on a different basis since Tioxide Group Ltd is now treated as an associate. On this basis the 1975 first half profit would have been £542,000, so that the profit has been more than doubled in 1976.

Pharmaceuticals growth at Asahi Chemical

Total sales of Asahi Chemical Industry Ltd, of Tokyo, are currently about (US) \$1,733m a year, of which 3·3 per cent accounted for by the food products and pharmaceuticals division. Pharmaceuticals are of growing importance to this company and a new plant is under construction in Hokkaido for the production of antibiotics for use as feed additives. New products being developed include such antibiotics as aminocephalosporanic acid and its derivatives, and N⁴-acyl cytosinearabinide which is currently being tested in the treatment of cancer.

Cope Allman upturn

Pre-tax profit of Cope Allman International in the last year was £5·37m (£·81m in 1974-75) on sales of £116·8m (£7·4m). Although the full year's results are somewhat below those for the previous twelve months, there was a substantial recovery in the second half with a pre-tax profit of £3·75m, compared with £·62m in the first half.

The subsidiary company Capsseals Liners Ltd showed a pre-tax profit of £618,000 in 1975-76 (£1·05m).

Mr A. E. Bide, chairman and chief executive of Glaxo Holdings Ltd (right), unveils a plaque to mark the official opening of the new, purpose-built Vestric branch at Edinburgh last week. Also in the picture are Mr J. G. N. Drewitt, personnel director, Glaxo Holdings, and chairman of Vestric (left), Mr D. V. Mellstrom, branch manager,

Edinburgh, Vestric, and Mr C. J. Stewart, managing director, Vestric. The opening ceremony was also attended by Mr J. P. Bannerman, president, Pharmaceutical Society, and the Lord Provost of Edinburgh, the Rt Hon John Millar.



Colgate-Palmolive gains expected

A rise in worldwide sales of 5 to 6 per cent over last year's \$2,860m is predicted by the chairman, Mr David Foster, and the profit is expected to increase by about 11 per cent over the \$118·9m achieved in the previous year. Speaking in Toronto, Mr Foster said that the company wants to be less and less associated with soaps and toiletries, and has recently acquired Riviana Foods, of Houston, Texas, one of the largest exporters of rice in the USA.

A six weeks' strike last year caused Colgate-Palmolive to lose a substantial proportion of its detergent sales in Canada, but sales are now increasing again and it is expected that the lost ground will be regained.

Nicholas International recovery

Earnings of Nicholas International Ltd in the last year increased almost 80 per cent from \$A2·27m to \$A4·08, almost equalling the figure of \$A4·2 reached in 1973-74. Group sales were just over \$A100m, about 7 per cent above the 1974-75 figure. These results were achieved in spite of an eleven-week strike which affected operations in France. Commenting on the results, the chairman, Mr M. A. Nicholas, said that not only had profit margins been restored, but real growth had now started to come from new products and new markets as well as from acquisitions.

Hanimex profit up 62pc

Pre-tax profit of Hanimex Corporation was up 62 per cent at \$A3·55m on sales 24 per cent higher at \$A71m in the year to June 30. The board recommends a one-for-five bonus issue and a split of the 50 cent shares into two 25 cent units.

Mr Jack Hannes, managing director, said the improved figures are largely the result of major work and expenditure in the development of new products, primarily in the photographic industry. Benefits have accrued particularly to European and North American subsidiaries as well as to the company's export marketing division. Losses from export manufacture still affect

the Australian results, but are expected to be eliminated during the current trading year with the operation of the new Cork plant, which opened in September.

Briefly

Mr I. D. Sherman, MPS, acquired W. G. Carter (Chemists) Ltd's pharmacy in Bridge Street, Pinner, Middlesex, on September 27. The business will continue to trade as W. G. Carter.

Following the formation of **BAT Industries Ltd** by the merger of British-American Tobacco Co Ltd with Tobacco Securities Trust Co Ltd, further steps in the reconstruction of the group have been carried out. Among them, BAT and its subsidiaries have sold their interests in the cosmetics industry to British-American Cosmetics Ltd, which has become a wholly owned subsidiary of BAT Industries.

Appointments

International Chemical Co Ltd: Mr Stephen T. Boyes has been appointed director of sales. He was previously general sales manager, UK.

Rochas Perfumes Ltd: Miss Cheryl Huson has been appointed chief of consultants and training, and will be responsible for a comprehensive training school programme for general perfume sales assistants in 1977. She was formerly with Juvena of Switzerland.

Wellcome Foundation: Sr Joao Texeira de Sousa has been appointed general manager, Pharmaceutical Division, Laboratories Wellcome SA, Brazil. He was previously with Upjohn and held sales and marketing posts in South America.

Sally Hansen Ltd: Mr John Holder has been appointed general manager. Mr Holder was formerly marketing manager, toiletries and medicines, LR/Sanitas Ltd. Mr Ray Cumbo has been appointed brand manager and Miss Karan Carver nail care consultant.

Monopolies and Mergers Commission: The Secretary of State for Prices and Consumer Protection has appointed Mr Robert Marshall, principal, Co-operative College and chief education officer, Co-operative Union Ltd, and Mrs Valerie Marshall, financial controller, Finance for Industry Ltd, as part-time members.

Market News

Topsy turvy prices

London, October 6: With the pound last week plummeting to its lowest level against the major international currencies prices of commodities in the forward position have been, contrary to normal practice, often far ahead of spot rates. Having paid for their supplies when the pound was higher, holders have been able to quote spot parcels at very favourable rates vis-a-vis replacements. Such a situation would at one time have brought in a flood of inquiries but with the tight money position and high interest rates ruling buyers were prepared to await further developments before committing themselves.

There were no price changes among pharmaceutical chemicals. It is expected, however, that when stocks of important raw materials are used up there will be another spate of increases. Amongst the first that may be raised are vitamins.

Most of the changes among crude drugs during the past week were due to currency adjustments. Menthol continued to firm, the Brazilian variety being up by £0.50 kg. Pepper also advanced sharply as did some of the aromatic seeds.

In essential oils Mysore sandalwood came on offer again at a considerably increased level. Brazilian peppermint was £0.20 kg up at £4.70 for spot parcels.

Pharmaceutical chemicals

Borax: EP grades, 2-4 ton lots per metric ton in paper bags, delivered—granular £174; crystals £233; powder £191; extra fine powder £200.

Bromides: Crystals £ per metric ton

	Under 50 kg	50 kg	1,000 kg
Ammonium	1,090	932	874
Potassium*	1,010	853	816
Sodium	990	839	802

*Powder plus £43 kg.

Hypophosphites: £ per kg

	12½-kg	50-kg
Calcium	3.07	2.94
Iron	5.72	5.58
Magnesium	4.87	4.48
Manganese	6.12	5.72
Potassium	4.20	4.06
Sodium	3.48	3.14

The exercise on p484 includes six errors and can also detect a subject's doubts between milligrams and micrograms. The errors are:

- 1 Intal compound capsules—Intal capsules
- 2 Glycerin suppositories—Glycerin suppositories 1G
- 3 Chlorpromazine tablets 100mg—Chlorpropamide tablets 100mg
- 4 Dextrose injection 5 per cent—Potassium chloride 0.3 per cent dextrose 5 per cent injection
- 5 Stilboestrol tablets 0.5mg—Stilboestrol tablets 5mg
- 6 Frusemide tablets—Frusemide tablets 500mg

Iodine: Resublimed in 250-kg lots £4.90 kg.
Iodides: K per kg:

	Under 50-kg	50-kg	250-kg
Potassium*	3.61	3.48	3.46
Sodium	4.71	4.59	—

* For crystals and granules.

Kaolin: BP natural £109.90 per 1,000 kg; light £114.90 ex-works in minimum 10-ton lots.

Metol: Photo grade per kg, 50-kg lots £5.64; 250-kg £5.46.

Nicotinamide: £4.75 kg; 50-kg lots £3.15 kg.

Penicillin: Potassium, sodium or procaine, sterile, £17.00-£19.00 per 1,000 Mu.

Saccharin: BP in 250 kg lots £3.40 kg; sodium £3.10.

Sodium benzoate: BP, 500-kg lots, £0.4598 kg.

Sodium bicarbonate: BP £72.04 per 1,000 kg minimum 10-metric-ton lots, delivered UK.

Sodium carbonate: Anhydrous £155 metric ton.

Sodium citrate: From £581 per metric ton as to maker. Premium for powder £12.00.

Sodium gluconate: Technical £510 metric ton.

Sodium hydroxide: Pellets (BP 1975) in 50-kg lots £0.858 kg; sticks (BP 1958) £3.09½ for 50 kg.

Sodium nitrite: BPC 1963 50-kg lots £0.8415 kg.

Sodium potassium tartrate: Granular £797 metric ton.

Sorbitol: Powder £398.50 metric ton; syrup £200.

Streptomycin: £20.00 kg base, dihydrostreptomycin £21.00 kg base.

Zinc chloride: Granular 96.98 per cent £390 metric ton, delivered.

Crude drugs

Belladonna: (metric ton) Leaves £1,400 cif. Herb no offers. Root £1,250.

Balsams: (kg) Canada: £12.00 spot; £11.80, cif for shipment. **Copaiba:** BPC £1.50 on the spot; £1.55 cif. **Peru:** Spot £6.30; £6.15, cif. **Tolu:** £3.50 spot; £3.40, cif.

Benzoin: BP £80.00 cwt spot; £77.00, cif.

Chillies: No offers.

Cloves: Madagascar £3,650 per ton, cif.

Dandelion: New crop for shipment £1.13 kg, cif.

Henbane: Niger £950 metric ton spot; £930, cif.

Ipecacuanha: (kg) Costa Rica spot £4.10; shipment £4.00, cif.

Jalap: Mexican tubers basis 15 per cent, £1.90 kg spot; £1.75, cif.

Mace: Grenada unsorted £2,070 ton, fob.

Menthol: (kg) Brazilian £10.00 spot and cif. Chinese £10.60 in bond; shipment £10.40, cif.

Nutmeg: (per ton, fob) West Indian 80's £1,520, unsorted £1,355; defectives £1,160 (nominal).

Pepper: (ton) Sarawak black £1,165 spot; £1,080, cif. White £1,395 spot; shipment £1,300, cif.

Pimento: Jamaican £1,590 ton, cif.

Podophyllum: Root £820 metric ton, cif.

Seeds: (metric ton, cif) **Anise:** China star forward £595. **Caraway:** Dutch £770. **Celery:** Indian £485. **Coriander:** Moroccan £560. **Cumin:** Egyptian £470; Turkish £490; Iranian £540. **Dill:** Indian £250. **Fennel:** Indian £325; Egyptian £235. **Fenugreek:** £138.

Turmeric: Madras finger £345 ton, cif.

Essential and expressed oils

Anise: (kg) £16.00 spot; £17.50, cif.

Bois de rose: (kg) £5.50 spot; £5.25, cif.

Buchu: South Africa £155 per kg spot. English distilled £250.

Citronella: Ceylon £1.40 kg spot and cif. Chinese spot £1.75 kg; £1.75, cif.

Olive: Spot ex-wharf. Spanish £1,320 per metric ton in 200-kg drums ex wharf; Mediterranean origin £1,290; Tunisian not offering. Prices subject to EEC levy alterations.

Patchouli: £8.50 kg spot and cif.

Peppermint: (kg) Arvensis—Brazilian £4.70 spot; shipment £4.50, cif. Chinese £4.75 spot; £4.35, cif. **Piperita:** American Far West about £20.00, cif.

Sandalwood: Mysore £85.00 kg spot.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

A tick against any of these is an error.

The errors may be classified as follows: 1, 3 and 4 are errors with names, 2 and 6 are errors with omitted strengths, and 5 is an error with different strengths. Any mark other than a tick against the digoxin tablets 0.25mg indicates that the subject has doubt about its equivalence to Digoxin tablets 250 micrograms.

This exercise formed part of one of the science demonstrations at last month's British Pharmaceutical Conference. It has been incorporated into a short lecture with eleven 35 mm slides suitable for giving to small groups; these slides may be available shortly from Mr Leach if sufficient interest is shown.

Coming events

Monday, October 11

Barnet Branch, Pharmaceutical Society, postgraduate medical centre, Barnet General Hospital, 7.15 pm. Mr P. Grimshaw (British Oxygen Company) on "Medical gases" and Mr A. Woolger on "Oxygen equipment". Wine and cheese courtesy of Vestric Ltd.

North Metropolitan Branch, Pharmaceutical Society, School of Pharmacy computer unit, Wakefield Street, London WC1, 7.30 pm. Dr A. W. Peck on "Assessment of CNS effects of drugs in normal volunteers".

Southampton Branch, Pharmaceutical Society, postgraduate medical centre, Southampton General Hospital, Tremona Road, 8 pm. Captain C. Grant on "The port of Southampton".

Tuesday, October 12

Brighton Branch, Pharmaceutical Society, main hall, Brighton Polytechnic, Moulsecoomb, 7.30 pm. Film evening.

Croydon Galen Group, Friends' Meeting House, Croydon, 8 pm. Miss Honor Wyatt on "Working for the BBC".

Industrial pharmacists group, Pharmaceutical Society, University theatre B, Roscoe building, University of Manchester, 2.30 pm. Meeting on "Data sheets and their problems".

Lanarkshire Branch, Pharmaceutical Society, Nurses' recreation hall, Strathclyde Hospital, Motherwell, 7.30 pm. Chairman's reception.

Midlands Region, Chemical Society analytical division, Wolverhampton Polytechnic, 6.30 pm. E. T. Stringer and S. C. Wallin on "Environmental protection—the atmosphere".

South West Metropolitan Branch, Pharmaceutical Society, St George's Hospital, London SW17, 8 pm. Abbott Laboratories Ltd speaker on "Management of ostomies".

Wednesday, October 13

Cardiff Branch, Pharmaceutical Society, Welsh School of Pharmacy, 7.30 pm. Course on "An informed approach to counter prescribing".

Epsom Branch, Pharmaceutical Society, Downs Club, Cotswold Road, Sutton, Surrey, 8 pm. Dr R. McReady (consultant in nuclear medicine) on "Good vibrations—new methods of detecting cancer".

West Metropolitan Branch, Pharmaceutical Society, Charing Cross Hospital, Fulham Palace Road, London W6, 7.30 pm. Dr A. Herxheimer (editor, *Drug and Therapeutics Bulletin*) on "What do people need to know about their medicines?"

Thursday, October 14

Cardiff Branch, Pharmaceutical Society, staff dining room, UWIST, 7.30 pm. Buffet reception for "freshers" at Welsh School of Pharmacy.

Chesterfield Branch, National Pharmaceutical Union, Devonshire room, Station Hotel, 8 pm. Annual meeting.

Glasgow Branch, Pharmaceutical Society, McCance building, University of Strathclyde, 8 pm. Mr Alex Murray (Glasgow Royal Infirmary) on "Doctor—it was an accident".

Hull Branch, Pharmaceutical Society, postgraduate centre, Hull Royal Infirmary, 8pm. Mr J. R. Sharp (principal inspector medicines division, Department of Health) on "The Medicines Act".

Swindon Branch, Pharmaceutical Society, room 4, Wyvern Theatre, 8 pm. Dr P. F. L. Boreham on "Scientific Safari to Africa".

Saturday, October 16

Derby Branch, Pharmaceutical Society, La Gondola, 7.30 pm. Annual dinner and dance. Tickets (£4.75) from Miss W. M. Bennett, 19 Plough Gate, Darley Abbey, Derby.

Sunday, October 17

British Small Animal Veterinary Association and Scottish Cat Club, lecture theatre 1, Boyd Orr building, University of Glasgow, 2.30 pm. Symposium on urinary and respiratory diseases in the cat. Sponsored by Beecham Animal Health.

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